TAR HEEL NURSE

N. R. R.

MARCH, 1960

Nursing Reading Room

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- *Economic Security Institute*
- *Operating Room Institute*
- *ANA Biennial Convention*
- *Short-Term Traineeships*

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THE TAR HEEL NURSE

MRS. MARIE B. NOELL, *Editor*

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President's Message . . .

"Use It or Lose It!"

The foregoing statement was borrowed from an editorial appearing in a recent issue of the local newspaper. The author was referring to the use of talents, but what about opportunities? Do we use these, and if we do not, are they lost to us?

Each year the demands for improved patient care in the health fields bring increased challenges to nurses. Each year the shortage of nurses prepared to assume the many difficult assignments in nursing education and administration becomes more acute. To meet demands made upon our profession, we must, individually and collectively, use the opportunities to make the needs of nursing known to those who can help. Two vital steps in nursing progress are identification of needs and promotion of ways to satisfy those needs. Through the efforts of those we keep at work for our organization —the Board of Directors, the executive secretary, and the counselor—some of the needs in nursing already have been identified. Before us now—in this election year—are opportunities to demonstrate our interest in better health programs of our communities.

You have been notified, or will be, through your District Committees on Legislation, of state and federal legislation that needs your action. Good nurses should also be good citizens, and a responsibility of a good citizen is to be informed and to support the best candidates for local, state, and federal offices. The fact that nurses are busy performing their special skills does not lessen their responsibility to know about the real needs of the citizens. This knowledge should bring from every nurse the militant action that comes with conviction.

Using opportunities to support our convictions can and will contribute to better nursing care to our public. Opportunity has a way of not presenting itself in the same manner the second time. In this election year—lest the opportunity be lost—as a nurse and a responsible citizen you must know the problems of the people and of nursing and seek to solve them.

Know the candidates—vote for your choice.

Martha Adams, R.N.
President

For Members Only

NCSNA Economic Security Workshop On March 25

NCSNA will conduct an Economic Security Workshop for members only on Friday, March 25, at the Sir Walter Hotel, Raleigh.

Purposes of the Workshop are to review the American Nurses' Association and NCSNA Economic Security Program, to explore the need for nurses to concern themselves with their economic position, and to discuss ways in which local groups of nurses can work together to improve their working conditions.

Two headline speakers are scheduled to participate. Dr. Robert L. Bunting, associate professor of economics at North Carolina State College, will discuss "United States National Income and the Nurse's Share". Mrs. Anne Zimmerman, chairman of the ANA Committee on Economic and General Welfare and executive secretary of the Illinois State Nurses' Association, will explain the historical background and philosophy of the ANA Economic Security Program.

Dr. Robert L. Bunting

Dr. Bunting began teaching economics in 1949. He is a graduate of Roanoke College, Salem, Va., and holds M.A. and Ph.D. degrees from University of Chicago. His area of special interest is labor economics. He is currently engaged in research in this area, in addition to his teaching duties, and plans to spend research leave next year in further research and study.

Mrs. Zimmerman, a graduate of St. Johns Unit, Sisters of Charity School of Nursing, Helena, Montana, has had wide experience in nursing practice and in professional nursing organizations. She has served on the headquarters staffs of the Montana, California, and American Nurses' Associations.

Mrs. Anne Zimmerman

Martha Adams, president of NCSNA, will bring greetings on behalf of the Association, and Mrs. Marie B. Noell, executive secretary, will preside. Mrs. Margaret B. Dolan, past president of NCSNA and member of the ANA Committee on Legislation, will open the program with an outline of goals of the workshop.

Following a morning session of speakers, the afternoon session will include: a discussion of how the Economic Security Program functions in North Carolina by Mrs. Noell; a film strip on "Steps to Security" produced by ANA; a report on a recent study of working conditions of nurses in North Carolina, by Daisy M. McCommons, former NCSNA staff

member; and a local-problem clinic at which nurses attending may bring up specific problems. Workshop speakers, NCSNA staff members, and the Association's legal counselor, William C. Lassiter, will serve as resource persons.

Registration for the workshop will begin at 9 a.m. There is no registration fee. Admittance will be by 1960 ANA membership card or receipt for payment of 1960 dues.

Miami Beach

ANA Convention To Focus On Improving Practice

You'll be glad you did—if you attend the 42nd convention of the American Nurses' Association, May 2-6, Miami Beach, Fla.

It's the biennial gathering of ANA members to compare ideas, elect officers, help shape association policies, and learn what's new in nursing and health. Improvement of professional practice will be the major focus, with special emphasis on legislation and nursing practice, the use of research in planning patient care, and the profession's responsibility for disaster preparedness.

Section programs will highlight economic security, education, legal implications for nurses, application of research findings, attitudes toward mental retardation, functions, standards, and qualifications, latest developments in care of malignancies, and other topics of special interest within each ANA section.

A colorful opening night general program session will feature the traditional processional, music, a well-known speaker, and presentation of the Mary Mahoney Award. "Legislation in the Limelight" will feature another general program meeting, with an outstanding authority on social welfare legislation and three nurse speakers on legislation affecting nurses. One of these nurses will be Mrs. Margaret B. Dolan, member of the ANA Committee on Legislation and member of the NCSNA Board of Directors and NCSNA Committee on Legislation.

Research Program

A general session on research will include experts in nursing research illustrating for you how research findings can be used to improve nursing care. Effective disaster planning will be demonstrated at an evening conference on nursing in national defense.

Three North Carolina nurses are scheduled to participate in section program meetings. Helen E. Peeler, associate executive secretary and counselor

. . . . Palms, sand, sea and sun

of NCSNA, will participate in a panel discussion for the Private Duty Section and Registrars' Branch on the relationship of the various parts of the registry program. Miss Peeler will discuss the responsibility of the SNA in registry programs.

Ruby Dameron of Charlotte will participate in a panel discussion at a program meeting of the Office Nurse Section, and Thelma Ingles, associate professor at Duke University School of Nursing, will speak to the Private Duty Section.

Complete convention program plans will be announced by ANA in the March issue of *American Journal of Nursing* and in the Spring issue of "ANA in Review", which is distributed to all members.

Delegates

NCSNA will have 25 delegates, three of whom will be delegates-at-large and 22 representing the sections, as follows: Educational Administrators, Consultants, and Teachers 2; General Duty 5; Head Nurses 2; Institutional Nursing Service Administrators 4; Office Nurses 1; Private Duty 6; Public Health 2.

During February district associations were busy suggesting names of nurses to serve as section delegates. These suggestions have been referred to section executive committees, which are meeting during the first week of March to choose delegates and alternates.

This is Miami Beach . . . .

Each official NCSNA delegate will receive $75.00 from NCSNA toward her convention expenses. Any member of NCSNA who knows she will be going to Miami Beach and could serve as a delegate or alternate is urged to notify Headquarters immediately. Those deciding to go at the last minute should contact Martha Adams or Mrs. Noell at the diLido Hotel in Miami Beach immediately upon arrival.

While only the official delegates vote for officers and matters coming before the House of Delegates, any member of ANA may attend these meetings and participate in discussions. Any section member may attend the business meeting of her section and has full voting power. All program meetings, including those of the sections, are open to any ANA member registered for the convention.

With the ANA biennial convention being held right here in the South, this is a splendid opportunity for NCSNA to have a large delegation in attendance. Miami Beach isn't so far from North Carolina, and transportation doesn't present a big problem. There are several possibilities for forming groups of nurses within a community to go to Miami together.

Travel Plans

Seaboard Railway has offered North Carolina nurses a special fare of $39.77 round trip, including seat price, if as many as 25 nurses go together. The regular individual fare is $53.41. The Star leaves Raleigh at 6:58 p.m. and arrives in Miami the following morning at 10:45 a.m. The return trip leaves Miami at 1:35 p.m. and arrives in Raleigh the following morning at 5:45 a.m.

If as many as 45 nurses go together on the Star, a special private coach will be provided. This train makes two

stops in this state—in Raleigh and in Hamlet. Nurses wishing to have an extra day in Miami Beach for sightseeing may take the Star on Friday night, April 29. Those taking the Star on Saturday night, April 30, would arrive in time for sightseeing at least part of the day on Sunday.

This train has four lower berths priced at $100.65, bedroom for two at $103.35 each, roomette at $111.21. Eastern Airlines has a flight to Miami for $114.07 round trip from Raleigh. Bus fare round trip from Raleigh is $44.77.

Nurses may wish to make special travel arrangements in their own community, such as special train parties, chartered buses, etc. Those interested in making up a party to go by Seaboard's Star train, either on April 29 or April 30, should write to NCSNA headquarters immediately. To get the special rate, a party of as many as 25 must go on either day. The special-rate round trip ticket is good for 10 days.

Any nurse who has any doubt about what the nursing profession has done, is doing, and plans to do should go to the ANA convention. She is guaranteed a real educational experience she will long remember.

Mrs. Eloise K. Lewis Appointed To Board of Nurse Registration

Mrs. Eloise R. Lewis, associate professor of medical-surgical nursing at the University of North Carolina School of Nursing, was appointed by Governor Luther H. Hodges in January to a four-year term on the North Carolina Board of Nurse Registration and Nursing Education.

Mrs. Lewis succeeds Louise Harkey of Concord, who asked not to be reappointed. The new appointee was recommended by the Board of Directors of NCSNA and received strong support from members of the Association throughout the state.

J. Grayson Brothers, administrator of Grace Hospital in Morganton, was reappointed to the Board for a four-year term. Dr. John Gilmer Mebane of Rutherfordton also has been named to the Board filling the vacancy created by the death of Dr. Moir S. Martin of Mount Airy.

An active member of NCSNA and the North Carolina League for Nursing for many years, Mrs. Lewis has had extensive experience in nursing education. She is a graduate of Vanderbilt University School of Nursing, Nashville, Tenn., and holds degrees from Winthrop College, Vanderbilt University, and University of Pennsylvania.

Operating Room Nurses . . .

Institute On April 5

Edythe L. Alexander, principal, School of Nursing, and director of nursing service at Lutheran Medical Center, Brooklyn, N. Y., will be the keynote speaker at the Institute for Operating Room Nurses on April 5 at the School of Nursing Auditorium, University of North Carolina, Chapel Hill.

Miss Alexander is author of the textbook, *Care of Patient in Surgery.* In addition to previous positions in operating room and nursing service supervision, she has served as associate editor of the *American Journal of Nursing.* She will speak to NCSNA operating room nurses on "Professional Aspects of Operating Room Nursing", the theme of the Institute.

The morning session, which opens at 9:30, will include a panel discussion following the address. Moderator will be Annie Lee Casstevens of Winston-Salem, and participants and the areas of their discussions will be: The Nurse-Patient Relationship, Sue Ann Brown of Raleigh; Internal Department Relationships, Mrs. Mary Kelly of Charlotte; External Department Relationships, Gene Crawford, associate director of North Carolina Memorial Hospital in Chapel Hill; and In-Service Education, Barbara Bain, Chapel Hill.

The afternoon session, beginning at 2 p.m., will be devoted to "Plastic Surgery." There will be two speakers from the UNC Medical Center's Department of Surgery. Dr. Earl Peacock will give an illustrated lecture on "Reconstructive Plastic Surgery", and Dr. Carl Hartrampt will speak on "Plastic Surgery Aspects of Burns and of Cancer of the Head and Neck".

Edythe L. Alexander

Each lecture will be followed by a discussion period.

There is no registration fee for NCSNA members. Visitors will pay $5.00. Mrs. Eva K. McGougan, chairman of the NCSNA Operating Room Nurses Conference Group, will preside, and the welcome will be given by Mrs. Ruth R. Bush, operating room supervisor at North Carolina Memorial Hospital.

JOINS NURSING STAFF

Janet Campbell has joined the staff of the Public Health Nursing Section of the North Carolina State Board of Health as generalized public health nursing consultant in District VII, composed of several Northeastern counties. Miss Campbell has had experience in the nursing and boarding home licensure program and the maternal and child health program in Michigan, where she formerly was employed. She holds a baccalaureate degree in public health nursing from Simmons College, Boston, Mass., and M.A. degree in maternal and child health from the University of Chicago.

Facts About Short-Term Traineeships

- The sponsoring institution, agency, or organization must provide a course designed to improve the skills of nurse administrators, supervisors, or teachers, with the focus on development of a few essential elements of these skills.
- Courses must be less than a regular university term, but not less than five days in length.
- The course must be conducted by qualified instructors.
- The sponsor of the course selects the nurses who will receive traineeships, according to their own admission policies and the following criteria: A trainee must be a U. S. citizen, graduate from a state-approved basic school of nursing, licensed as a professional nurse, employed currently in an administrative, supervisory, or teaching position in nursing or be committed to such a position, and released by her employer to devote full time to study for the period of the course.
- A nurse who has received a long-term traineeship is not eligible for a short-term traineeship.
- A short-term traineeship provides tuition and fees and stipend of $12 per day for trainees who must change their residence to attend the course. No travel is allowed.
- Traineeship funds may not be used to defray the sponsor's cost of administration, overhead, salaries, or supplies and equipment, except as these are reflected in charges to students in tuition and fees.
- Applicants for traineeships should apply to the institution or agency providing the traineeship.

UNC Offers Short-Term Traineeship Course

A short-term course on Principles of Administration will be offered April 20-26 by the University of North Carolina School of Nursing, according to announcement by Dr. Elizabeth L. Kemble, dean of the school.

Traineeships for this course are available to qualified applicants, and eligibility for receiving a traineeship must be established prior to April 20. Registration will be limited to 40 persons currently employed as administrators, teachers, or supervisors of nursing.

Dr. Genevieve K. Bixler, head of the Nursing Education Project, Southern Regional Education Board, will be in charge of the morning sessions, April 20-22 and April 25-26. Afternoon sessions will include a consideration of the problems of administration with application of administrative principles to their solution.

Participants will include Dr. Kemble; Mary Vida Cheek, director of nursing service at North Carolina Memorial Hospital; Ruth Dalrymple, Mary Walker Randolph, and Marion S. Wood, all of the UNC School of Nursing faculty. Opportunity will be provided for independent work on selected administrative problems, utilizing the facilities of the University.

According to a February 15 announcement from the U. S. Public Health Service, the UNC School of Nursing is one of seven institutions in the entire country to have received traineeship grants to enable professional nurses to attend short-term intensive training courses in administration, supervision, and teaching. The federal traineeship program was broadened by Congress last summer to include short-term courses to reach nurses who wish to update and improve their administrative and teaching skills but who are unable to take a full-time academic program.

For further information about the UNC short-term course April 20-26, write to: Continuation Education, University of North Carolina School of Nursing, Chapel Hill.

State Legislation

See Your Candidates Before Spring Primaries

District nurses' associations are preparing to go into action on NCSNA's 1961 legislative program, and the NCSNA Committee on Legislation is laying the groundwork for asking the 1961 General Assembly for scholarships for teachers in the diploma schools of nursing.

At the 1959 convention, the Association's House of Delegates voted that the 1961 legislative program "shall be directed toward obtaining state funds for scholarships for teachers in the diploma schools of nursing."

A request has gone to the state's Advisory Budget Commission for a hearing at which the need for these scholarships will be presented by NCSNA representatives. This request has been granted, and a hearing has been scheduled for September, at which time the Budget Commission hears all requests for appropriations for the 1961-63 biennium.

Act Early

Meanwhile, district associations have been urged to give immediate attention to the appointment of Committees on Legislation with representation from each county within the district. These committees have been urged to see that key nurses in each county discuss our legislative proposal with candidates who will be seeking nomination in the May 28 primaries.

In this state, winning the Democratic nomination in the primary is equivalent, in most cases, to election. Nurses therefore are urged to talk with candidates before the primary, since candidates will listen better when they need votes the most.

It is important to explain the need for more and better-prepared teachers in the hospital schools of nursing to those who will be members of the House of Representatives and the Senate in the 1961 North Carolina General Assembly and to those seeking state offices — including the governorship. Nurses also are reminded that this year we will elect members of the House of Representatives of the United States Congress and one member of the United States Senate. Every citizen should give careful consideration to the qualifications of each candidate, and having chosen the one who will best represent the voter's interest, should work for that candidate's election.

NCSNA's decision to direct its legislative program toward scholarships for teachers in the hospital schools of nursing reflects the conviction of nurses that this is the initial step which will make the greatest contribution toward producing more and better-prepared nurses in all areas of practice. There still is an acute need for more nurses, but first we must aid teachers to obtain a college education —the kind of preparation needed in any sound education program.

The extent of vacancies on faculties in our 31 hospital schools of nursing, where four-fifths of our nurse students are enrolled, is a crucial problem. Recent estimates indicate that these schools need at least 40 qualified nurse teachers, and they anticipate a need for at least 105 additional faculty positions in the near future. A 1958 survey of the academic preparation of those currently teaching in the hospital schools of nursing showed that 47.1 per cent were without college degrees, with 11 per cent having some college preparation, 18 per cent having one year or less, and 18.1 per cent having

(Continued on page 28)

Federal Legislation

ANA Seeks Aid To Collegiate Nursing Programs

The American Nurses' Association is focusing its legislative efforts during the current second session of the 86th Congress on obtaining financial aid for collegiate nursing education.

Expansion of collegiate nursing education programs is one of the primary needs for public support outlined by ANA, which will promote passage of H.R. 1251, a bill introduced in Congress by Rep. Edith S. Green (D. Ore.) last year, and its companion, S. 1118, introduced by Sen. Hubert Humphrey (D. Minn.).

These bills propose a five-year program of $100 million in grants to nursing schools for the construction of teaching facilities; a five-year $50 million program of grants to assist with costs of instruction; and a five-year $50 million program of scholarship aid for nursing students in preservice baccalaureate programs and to graduate nurses in supplemental programs leading to a baccalaureate degree.

As the public demands more as well as better prepared nurses, ANA believes the public must provide financial support for nursing education as it does for education in other health professions.

Latest report from Washington indicates that H.R. 1251 is still in the House Interstate and Foreign Commerce Committee and that S. 1118 is still in the Senate Committee on Labor and Public Welfare. No hearings are yet scheduled on either bill.

During the 86th Congress a number of bills have been introduced to broaden and improve social security coverage. One proposal would drop the age-50 requirement for disability benefits. Other proposals are: permitting persons now at or reaching retirement age to qualify for benefits with fewer quarters of coverage; benefits for totally disabled wives and widows; extension of coverage to groups not now covered; increased monthly payments; increased widows' benefits; and new types of benefits. Some would require increased contributions by employee and employer; others would not.

ANA is supporting improvements in social security coverage, including extension of this contributory insurance to include health benefits and nursing care in the home.

ANA will recommend that Congress appropriate $6 million during the 1960-61 fiscal year for the professional nurse traineeship program and $2 million for public health nurses under the public health personnel traineeship program. Both traineeship programs were extended by Congress last summer for the next five years, but appropriations must be voted on a yearly basis.

Nurses Invited To Hear Youth Fitness Speaker

Dr. Shane MacCarthy, executive director of President Eisenhower's Council on Youth Fitness, will be the keynote speaker at the annual convention of the North Carolina Federation of Women's Clubs to be held in Raleigh in April. Dr. MacCarthy will speak on April 6 at 11:30 a.m. in Memorial Auditorium. This general session is open to the public. A special invitation has been extended to members of NCSNA, which is an affiliate of the Federation.

Occupational Health Plan Program On Accident Syndrome

The Nursing Section of the annual State Safety Conference will hold a luncheon and program meeting on Thursday, May 5, at the Robert E. Lee Hotel, Winston-Salem. NCSNA is cooperating agent for the nursing Section.

The Safety Conference is scheduled for May 4-6 and is sponsored by the North Carolina Industrial Commission. The theme this year is "Reaching the Employee with Your Accident Prevention Program."

At the Nursing Section luncheon at 12 noon, Dr. D. J. Moffie, psychologist and vice-president of Hanes Hosiery Company, Winston-Salem, will speak on "The Accident Syndrome". The afternoon program, beginning at 2:15, will feature a panel discussion, moderated by Dr. Moffie, on " 'Splitting' the Accident Syndrome". Participants will be representatives of the various disciplines involved in an industrial safety program.

Others scheduled to participate in the afternoon program are: Dr. MacRoy Gasque, medical director of Olin Mathieson Chemical Company, Pisgah Forest; Wilfred Jones, safety director for R. J. Reynolds Tobacco Company, Winston-Salem; Dr. W. L. Wilson, chief of the Occupational Health Section, State Board of Health; and Nettie Day, chief of the Accident Prevention Program, State Board of Health.

Irene Courtenay, industrial nurse consultant, State Board of Health, and member of the Executive Committee, NCSNA Occupational Health Nurses Section, is chairman of the May 5 Nursing Section program.

Program Announced For Alcoholism Institute

Program plans have been announced for the Nurses Institute on Alcoholism to be held on March 10 in the Recreation Hall of Broughton Hospital, Morganton, and sponsored by the North Carolina Alcoholic Rehabilitation Program.

Registration will begin at 8:30 a.m., with the morning session opening at 9. Two speakers are scheduled — Dr. John Ewing, associate professor in the Department of Psychiatry, University of North Carolina School of Medicine, who will speak on "The Psychiatric Approach to Treatment of Alcoholism"; and Dr. Thomas T. Jones, Durham physician, who will speak on "Medical Management of Alcoholism". A discussion period will follow each address.

The afternoon session will be a panel discussion on "Role of Nursing in Recovery", with the following participants: Lucille Corlon of the nursing staff, Alcoholic Section, North Carolina Memorial Hospital, Chapel Hill; Mrs. Mary Metler, public health nurse consultant, Gaston County Health Department; and Irene Courtenay, industrial nurse consultant, State Board of Health. Dr. Donald Macdonald, medical director of the Alcoholic Rehabilitation Program, will give a program summary. Mrs. Mary K. Kneedler, chief of the Nursing Section, State Board of Health, will preside at the afternoon session.

Dr. Norbert L. Kelly, associate director of the ARP, will conclude the Institute with a brief discussion of ARP resources available to nurses. Adjournment is scheduled for 3:30 p.m.

Margaret Keller, public health nursing supervisor in Guilford County, represented NCSNA on the Planning Committee.

Nurses Active In Conference On Aging

North Carolina's state-wide Conference on Aging, in preparation for the 1961 White House Conference on Aging, will be held on Wednesday, July 27-29, 1960, at the Hotel Sir Walter in Raleigh.

The White House Conference will be held January 9-12, 1961. The conference theme is "Aging with a Future—Every Citizen's Concern".

NCSNA has urged nurses to participate in North Carolina's preparation for the White House Conference, since all nurses are concerned about adequate health care for the growing number of older citizens. ANA also is promoting nurse participation in the national study of problems of the aging.

Nurses are serving on several of the eight study committees functioning in this state to lay the groundwork for the state-wide conference, and Margaret Blee, associate professor of public health nursing, University of North Carolina School of Public Health, is a member of the Governor's Coordinating Committee on Aging.

Nurses serving on study committees are:

Health and Medical Care — Miss Blee; Mrs. Edith Chance, Whispering Pines Nursing Home, Fayetteville; Mrs. Mary K. Kneedler, chief of the Nursing Section, State Board of Health; Virginia Stone, UNC School of Public Health; Hazel F. Taylor, executive secretary, North Carolina Practical Nurse Association; Mrs. Marie B. Noell, executive secretary, North Carolina State Nurses' Association.

Education and Recreation—Miriam Daughtry, assistant supervisor of practical nurse education, State Department of Public Instruction; Mrs. Verna Wilkinson, North Carolina representative for American Red Cross;

Personnel Needs — Mrs. Edith P. Brocker, assistant dean, Duke University School of Nursing.

News from ANA Board

At its January meeting the Board of Directors of American Nurses' Association approved two recommendations designed to assist nurses in meeting the problems of staphylococcal or similar infections.

The Board approved a statement on the Responsibility of the Professional Nurse in the Prevention and Control of Infections. It adopted a second recommendation urging state nurses' associations to work for extension of state workmen's compensation laws to include compulsory coverage for nurses and inclusion of staphylococcal infection as an occupational hazard.

The Responsibility Statement points up the nurses' strategic role in any infection control program, encouraging re-examination of basic nursing knowledge and practice in the light of new knowledge and developments and outlining what nurses can do to help assure the success of infections control programs.

In promoting compulsory workmen's compensation coverage for nurses in the 24 states which do not have this coverage, ANA stresses the importance of including staphylococcal infections as an occupational hazard. (North Carolina has such coverage for nurses, but the law does not include staphylococcal infections as an occupational hazard. There are indications that legislation will be proposed in the 1961 General Assembly to include in the workmen's compensation statutes a general provision which will cover all occupational hazards, including staphylococcal infections.)

Functions in Disaster

The ANA Board also approved a statement outlining responsibilities and

functions of professional nurses in event of disaster, emphasizing the broadened functions the nurse would be called on to perform under the emergency conditions of a disaster. ANA is asking SNA's to work for state civil defense statutes providing adequate protection for nurses in performing expanded functions or while involved in educational programs designed to prepare for disaster nursing.

A statement of "Principles Governing Nursing Services in Prepaid Medical Care Plans," was approved for use as a guide for insurance companies and/or government agencies writing such plans. The principles cover such areas as: when nursing service should be included as a benefit in such programs; conditions under which it should be made available; and methods of payment.

Representation Study

The entire area of delegate representation and its relation to section organization will be studied by a special committee set up by the ANA Board. This action resulted from a review by the Committee on Constitution and By-laws, which had been asked to see if more equitable representation could be achieved for all members in the ANA House of Delegates.

ANA is recommending that all SNA's establish committees on Economic and General Welfare. Suggested functions and other guidance will be provided by ANA. Generally, such SNA committees would make policy recommendations to SNA boards regarding the state Economic Security Program, formulate objectives, devise educational materials and programs, periodically review and evaluate the ESP program, and refer recommendations for legislative activity to SNA boards and/or state legislative committees.

Institute for Districts

More than 60 officers and leaders of district nurses' associations took home an arm full of materials and a head full of facts about the NCSNA and ANA programs of work following the Institute for District Officers sponsored by NCSNA in January at the Hotel Sir Walter in Raleigh.

Throughout the day the various aspects of the professional association programs and projects were explained by Martha Adams, NCSNA president; Mrs. Marie B. Noell, executive secretary; Helen E. Peeler, associate executive secretary and counselor; and Mrs. Frances N. Miller, public relations counsel.

The discussion covered all activities of district, state, and national nurses' associations. In the afternoon, the group viewed two film strips—"Steps to Security" and "At Your Request." District representatives had opportunity throughout the Institute to discuss district problems and clarify procedures of communication.

On the evening before the Institute, an open house was held at NCSNA Headquarters for nurses attending.

League Director Is Keynoter for NCLN Convention

Inez Haynes, general director of the National League for Nursing, will be the keynote speaker at the eighth annual convention of the North Carolina League for Nursing, March 16-18, at the Washington Duke Hotel in Durham.

Miss Haynes will speak Thursday morning, March 17, on the convention theme: "Present Directions in Nursing —A Concern—A Challenge." At a luncheon following the keynote session, M. Elizabeth Carnegie, associate editor of *Nursing Outlook,* will speak on "Effective Communications — A Concern —A Challenge."

The banquet will be held on Thursday evening, with Rev. W. C. Bennett, pastor of Trinity Presbyterian Church of Durham, speaking on "Old Song for A New Nightingale."

Dorothy Smith, dean of the College of Nursing and chief of the nursing staff at the J. Hillis Miller Health Center. University of Florida, will speak at a second general session on Friday, March 18, on the theme as it relates to nursing education.

Throughout the two-day meeting, the League's divisions and councils will hold sessions. A. Sue Kerley, NCLN president, will preside at general sessions.

Registration will be held Wednesday, March 16, 6-8 p.m. and on Thursday, March 17, 8-11 a.m., in the lobby of the Washington Duke Hotel.

On March 16, the Coordinating Council, composed of boards of directors of NCSNA and NCLN, will hold its annual meeting at 10 a.m. in the Wedgwood Room. Martha Adams, NCSNA president, will preside. The boards of directors of NCSNA and NCLN will meet separately at 2 p.m., with the NCSNA Board meeting in the Wedgwood Room and the NCLN Board in the Durham Room. The North Carolina Student Nurse Association Board will meet at 7 p.m., in the Wedgwood Room.

UNC School of Public Health Announces Summer Courses

Four one-week courses in Special Fields in Public Health Nursing are scheduled for summer 1960 by the Department of Public Health Nursing, University of North Carolina School of Public Health.

These courses are designed for public health nurses, institutional nurses, private duty nurses, health education personnel, and community workers. The schedule is as follows:

July 11-15—Tuberculosis Control. Taught by Mrs. Margaret B. Dolan, professor, Department of Public Health Nursing, UNC.

July 18-22—Cancer Control. Taught by Katherine Nelson, professor, Teachers College, Columbia University.

July 25-29—Chronic Diseases. Taught by Lydia Hall, professor, Teachers College, Columbia University.

August 1-5—Cardiovascular Diseases. Taught by Mrs. Hall.

Information about registration requirements and fees may be obtained from the Department of Public Health Nursing, School of Public Health, University of North Carolina, Chapel Hill. Tuition for the four weeks is $60; for one week $15.

Areas and Officers of

North Carolina Su

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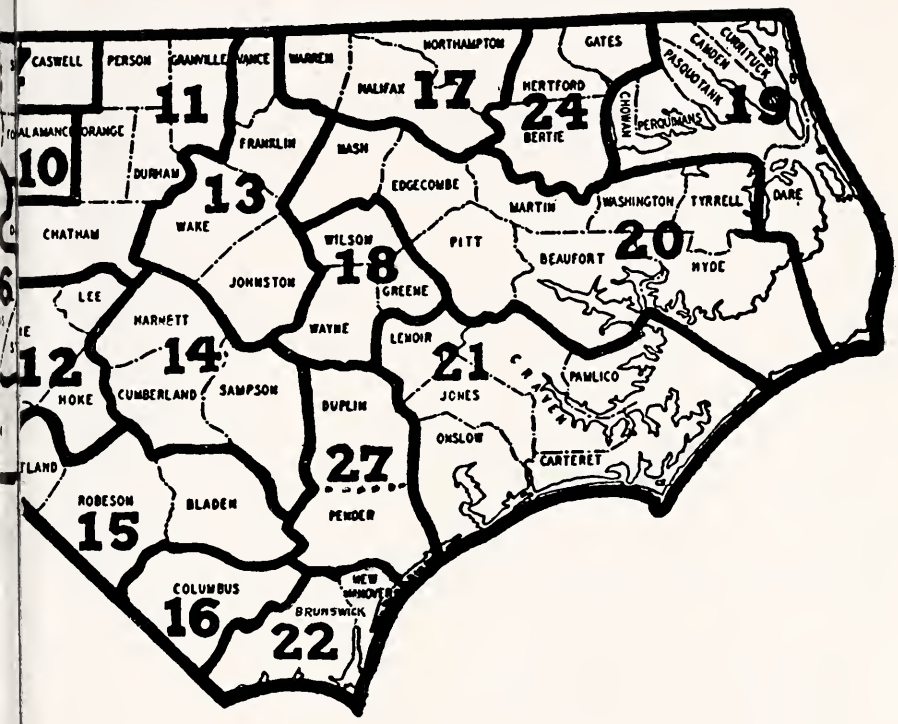
urses' Association



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Mrs. Elvin Kester Coley, 1044 Watson Avenue, Winston-Salem

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Mrs. Wilma Ross Garris, Route 2, Rocky Mount
Ethel Harrison, 77 Dogwood Acres, Chapel Hill

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Mrs. Edith P. Brocker, 1326 Welcome Circle, Durham
Lelia Clark, Box 2924, Duke Hospital, Durham
Mrs. Margaret B. Dolan, Mount Bolus Road, Chapel Hill
Agnes Kelly, 1107 W. Rowan Street, Fayetteville
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Agnes Campbell, City Memorial Hospital, Winston-Salem
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Dorothy Dixon, 2018 Woolcott Avenue, Wilmington
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Patricia J. Queen, Route 3, Canton
Mrs. Mary Lee Steele, Route 2, Milton Road, Durham
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Mrs. Mary Edith Rogers, 15 Ideal Way, Concord

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Martha Adams, City Memorial Hospital, Winston-Salem
Mrs. Marjorie Cox Gray, (Esso) P. O. Box 420, Charlotte

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Mrs. Sarah Hitchcock, Rex Hospital, Raleigh
Lucy Lopp, 936 Montlieu Avenue, High Point

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Co-Chm. —Mrs. Mary Edith Rogers, 15 Ideal Way, Concord
Bettie Baise, 1912 Elizabeth Avenue, Winston-Salem
Mrs. Edith Chance, 523 Country Club Drive, Fayetteville
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Mrs. Jane Sharpe Sparks, Route 1, Ruffin
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Professional Counseling and Placement
(Board committee to consider problem records)

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Ann M. Jacobansky, Hanes House, Duke University, Durham
Mrs. Mary Edith Rogers, 15 Ideal Way, Concord

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Chairman—Mrs. Margaret B. Dolan, Mount Bolus Road, Chapel Hill
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Irene Courtenay, 20 Maiden Lane, Raleigh
Pearl Lovell, 909 McGee Street, Greensboro
Caroline Singletary, Apt. B, 2502 Miller Park Circle, Winston-Salem
Frances Allen, 719 Ninth Street, N.W., Hickory

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Mrs. Mary Nelson, 240 Styers Avenue, Winston-Salem
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Atha Howell, 506 S. Elam Avenue, Greensboro
Ida Collie, 1814 White Oak Road, Raleigh
Josephine Kerr, 1130 Buchanan Street, Charlotte

North Carolina Medical Care Commission

Mrs. Margaret B. Dolan, Mount Bolus Road, Chapel Hill

North Carolina Committee on Nursing and Nursing Education

Lelia Clark, Duke Hospital, Durham

North Carolina Woman's Council

Mrs. Margaret B. Dolan, Mount Bolus Road, Chapel Hill
Martha Adams, City Memorial Hospital, Winston-Salem
Alternates: Mrs. Marie B. Noell, Mrs. Eva W. Warren

North Carolina Mental Health Council

Barbara Bernard, 105 Jones Street, Chapel Hill

North Carolina Commission for Improvement of Patient Care

Mrs. Edith P. Brocker, 1326 Welcome Circle, Durham
Ethel Harrison, 77 Dogwood Acres, Chapel Hill

Mrs. Margaret Dolan Elected President of AJN Company

Mrs. Margaret Dolan, chairman of the Department of Public Health Nursing, University of North Carolina, and a former president of NCSNA, has been elected president of the American Journal of Nursing Company.

Three other officers and 12 directors also were elected at the January meeting of the company's Board of Directors. The company publishes several nursing periodicals.

Mrs. Dolan previously served as vice-president of the AJN Company. She is a member of the American Nurses' Association Committee on Legislation, a member of the NCSNA Board of Directors, and chairman of the NCSNA Committee on Professional Practice.

At Joint Institute

Nurses Suggest Ways To Improve Patient Care

"Lest We Forget the Patient" was the theme for two institutes sponsored jointly by two NCSNA Sections—Educational Administrators, Consultants, and Teachers and Institutional Nursing Service Administrators—and the North Carolina League for Nursing, the first held on January 29 in Durham and the second on February 19 in Concord.

The Durham institute was administered by NCSNA, and the Concord institute by NCLN. In Durham Faye Spring, assistant professor of psychiatric nursing, Duke University School of Nursing, was the principal speaker. Her subject was "What Is Improved Patient Care?".

Miss Spring pointed out that the words "improved patient care" have a positive constructive connotation and that within the frame of reference they do not mean change from nothing to something, nor change from bad to good, nor change from wrong to right. They do mean, however, change from something to something more, she said, and this "something more" is in the area of quality in nurse-patient interactions.

She listed several suggestions for change in behavior on the part of nurses:

1. that the professional nurse spend some time with each patient for whom she is responsible,

2. that during this time with the patient she focus attention on the patient in terms of getting to know him better,

Some of the program participants at the Durham institute are shown above. Left to right, they are: Faye Spring of Durham, principal speaker; Mrs. Sarah W. Hitchcock of Raleigh, panel moderator; Joseph Barnes of Raleigh, Mrs. Almira Ockerman of Salisbury, panel participants; and Mrs. Edith Chance of Fayetteville, who presided at the morning session.

3. that the nurse help the patient communicate his concerns, thoughts, feelings, and attitudes by application of communication techniques to encourage, but not force, the patient to express himself,

4. that the nurse let the patient know what she understands or what she thinks he means and that his thoughts and feelings are understandable and acceptable,

5. that the nurse help the patient get a clear understanding when he has misconceptions,

6. that the nurse behave in ways to diminish or relieve anxiety or worry of the patient when the nurse can do this honestly.

A panel discussion on the same topic was moderated by Mrs. Sarah W. Hitchcock, assistant director of nurses, Rex Hospital, Raleigh. Participants were: Mrs. Almira H. Ockerman, director of nursing service, Rowan Memorial Hospital, Salisbury; Joseph Barnes, administrator of Rex Hospital; Mrs. Grace Riggs, supervisor at Watts Hospital, Durham. Mrs. Helen S. Morse, chairman of the Department of Public Health Nursing, North Carolina College, Durham, served as summarizer.

During the panel talks, it was emphasized that the skilled nurse must be encouraged to remain in the patient-care area. Questions were raised as to why the patient-side nurse does not receive more recognition, larger rewards, and more desirable privileges.

These general factors were listed as being parts of improved patient care: Treating the patient as an individual; understanding the patient's behavior; good communication between patient and nurse, nurses and co-workers, and among nurses themselves; meeting the spiritual needs of the patient; planning nurses' services around needs of the patient and not around a series of tasks to be performed.

Mrs. Edith Chance of Fayetteville presided over the institute's morning session. Greetings were extended by Lelia Clark, president of District Eleven. About 100 attended.

At the Concord institute, the principal address on "What Is Improved Patient Care?" was given by Mrs. Alice Gifford, professor of community nursing, University of North Carolina School of Nursing, Chapel Hill. The panel was composed of: Mrs. Ockerman; Mrs. Riggs; Lee Mootz, administrator of City Memorial Hospital in Winston-Salem; and Dr. Paul Jones, Concord physician. Also on the Concord program was the film, "This Is Nursing".

Food Service Institute Scheduled for April

The eighth annual North Carolina Hospital Food Service Institute will be held April 2-8, 1960, at the Student Union of North Carolina State College, Raleigh.

Myrtle B. Van Horne, project director of the Food Service Supervisor Program of the American Dietetic Association, will participate on the program and serve as consultant throughout the Institute.

This Institute is planned for food service supervisors employed in hospitals having 20 beds or more. Particular emphasis will be on helping the supervisor who serves in an administrative capacity. Those attending the entire Institute will receive certificates.

Registration fee is $7.50 for persons working in North Carolina and $10 for out-of-state registrants. Sponsoring organizations are the North Carolina Hospital Association, North Carolina Dietetic Association, and North Carolina State Board of Health.

Fifth Anniversary

American Nurses' Foundation To Expand Program

1960 marks the fifth anniversary of the American Nurses' Foundation.

From its inception, the Foundation has been concerned with the great changes taking place in nursing care and improvements in nursing practice. The Foundation, too, has made great progress in fulfilling its purposes: to identify nursing needs and enrich nursing knowledge vital to the proper health care of America's rapidly expanding population and, at the same time, to disseminate information gathered by the Foundation to all members of the nursing profession and other interested groups.

Since the Foundation was created, almost $300,000 has been expended in research projects sponsored or conducted by the Foundation. Programs supported by the Foundation include studies in the fields of private duty and industrial nursing, nursing personnel and practice in a metropolitan area, nursing service in out-patient departments, nursing the mentally ill, the adjustment of nursing students to a psychiatric affiliation, and practical nursing.

Projects carried out by the Foundation itself were studies in the field of public health nursing, a program for the regular exchange of information with visiting foreign nurses, and a program to assist Hungarian refugee nurses to prepare for licensure and practice in this country.

In October, 1959, the Foundation received funds to begin a five-year study of family and patient adjustment to the crisis of cardiac disease.

Gaps Revealed

Both the Foundation and the American Nurses' Association realize that a great deal more work in research remains to be done. Studies themselves have made apparent the serious gaps in research on important areas of nursing, and experimentation will be needed to validate the preliminary research now on hand.

Recently the Foundation announced future plans with a dual objective: to expand the research grants program in nursing and to provide means for widespread sharing of research results. The expanded program will continue to promote studies, surveys, research, and demonstrations in patient care and nursing practice by emphasizing four areas of research: nursing procedures; effects on nursing of changing patterns of patient care; effects of administrative organization on patient care; nursing needs of patients and nursing in different categories of illness.

To carry out these objectives, the American Nurses' Foundation now is undertaking a program to raise funds for its expanded activities. Financial goals will be announced shortly and will be sought from members of the nursing profession, from corporations and foundations, and from organizations and individuals.

Campaign Leaders

The Foundation announced last month that Mrs. Katharine Densford Dreves, a former president of ANA who recently retired as director of the University of Minnesota School of Nursing, has been appointed as the national ANF Campaign co-chairman. As representative of the nursing profession, Mrs. Dreves will be responsible for liaison with the SNA's. Another co-chairman will be appointed as representative of the public-at-large and

responsible for that area of campaign activity.

Every nurse must recognize the importance of this program to nursing and to the total health of the nation. Research and the use of research findings is a professional responsibility—the moving frontier of the profession. The American Nurses' Foundation and its current research program are an outgrowth of the ANA Program of Studies in Nursing Functions initiated in 1950 and financed by voluntary contributions of state nurses' associations. North Carolina nurses have supported this program financially since its beginning. Probably no other professional group has ever authorized and financed a "self-examination" of its own practices as extensive as that of the nursing profession.

Clearly, responsibility for the Foundation and its expansion program is ours. Now we can take an active part in its growth. Some nurses take part in research in nursing by conducting studies, interpreting results, or utilizing the findings, but all of us can participate in the program through our contributions and by telling others about the importance of the Foundation so that they, too, will contribute.

Duke Nursing School Accredited by NLN

Duke University School of Nursing was fully accredited by the National Collegiate Board of Review of the National League for Nursing at a meeting in December.

The Board's action granting initial accreditation to the Duke baccalaureate program was based on the materials for accreditation submitted by the faculty, the visit made in the early fall by representatives appointed to review the Duke offerings, and by information supplied by three Duke representatives at the time of the review by the Board.

Duke thus becomes the second collegiate program and the third basic nursing program in North Carolina to become fully accredited by NLN. The University of North Carolina School of Nursing and Watts Hospital School of Nursing previously were fully accredited. The program of study in public health nursing in the UNC School of Public Health has been fully accredited since its first year — 1941-42.

Accreditation by the National League for Nursing is in addition to state accreditation of schools of nursing.

New Liability Insurance

A new professional liability insurance plan at a reduced cost has been developed by the American Nurses' Association and the Globe Indemnity Company.

The new plan is available to ANA members for $7.50 per year, whereas the former plan cost $9 per year. The new policy provides the same coverage of $5,000 for any one claim and up to $15,000 for all claims in any one-year period.

Members already carrying the ANA Professional Liability Insurance coverage may renew coverage under the new policy immediately upon expiration of their present policy.

ANA negotiated the new agreement to provide better coverage, more prompt attention to claims, and an exclusive policy for ANA members only. Every ANA member has been sent a communication explaining the new policy.

PROFESSIONAL COUNSELING AND PLACEMENT SERVICE

Field-Work Schedule

Helen E. Peeler, associate executive secretary and counselor for NCSNA, has planned an extensive field-work schedule for the next several months. We are printing the remainder of her Spring schedule so that members who desire counseling service may take advantage of her visits to the various areas of the state:

March 9	Sanford
March 10	Fayetteville
March 11	Lumberton
March 28	Statesville
March 29	Morganton
March 30-31—April 1	Asheville
April 11	Rocky Mount
April 12	Washington
April 13	Greenville
April 14	Wilson
May 23	New Bern
May 24	Morehead City
May 25	Jacksonville
May 26-27	Wilmington
June 13	Rutherfordton
June 14	Tryon (a.m.) Hendersonville (p.m.)
June 15	Brevard
June 16	Waynesville
June 17	Sylva (a.m.) Bryson City (p.m.)

Jobs

Operating Room Supervisor — 245-bed general hospital with school of nursing in Piedmont North Carolina. **Duties:** Supervise and manage operating room suite and personnel; teach students O. R. technique and procedures through classroom teaching and clinical instruction; schedule best utilization of rooms, equipment, and personnel. **Qualifications:** Post-graduate work in O. R. technique and management; experience as assistant supervisor or supervisor in O. R.; 28-40 years of age; ability to carry duties and responsibilities tactfully and efficiently. **Salary:** $400 monthly.

Director of Nurses — 380-bed general hospital with school of nursing under construction in Northcentral North Carolina. **Duties:** Organize nursing staff by establishing procedure manuals, techniques, and other basic functions for hospital to be completed in late 1960; direct and supervise all nursing services; administer school of nursing to train professional and practical nurses; select and recommend appointment of educational and nursing staff; assist in preparing and administer budget for nursing department; coordinate activities of nursing department with other hospital departments, promoting and maintaining harmonious relationships among nursing personnel and with medical staff, patients, and public. **Qualifications:** Graduation from accredited school of nursing; degree in nursing education and/or nursing service administration; five years experience as supervisor and assistant director or director. **Salary:** $7,000 annually.

Instructor in Long-Term Illness and/or Tuberculosis Nursing — Collegiate school of nursing in Northcentral North Carolina. **Duties:** Participate in teaching and supervision of undergraduate nursing students, including registered nurse students, in care of patients with long-term illnesses and/or tuberculosis; function as member of Community Nursing Department; assist faculty member responsible for general nursing program (registered nurse students) in planning and administration of this program. **Qualifications:** M.A. degree with preparation and/or experience in chronic disease nursing, tuberculosis nursing or medical-surgical nursing. **Salary:** $6,000 annually.

Assistant Professor in Charge of Extension Program — Collegiate School of Nursing in Northcentral North Carolina. **Duties:** Assume major responsibility for cooperative planning and administration of extension program for graduate nurses; work with school of nursing faculty nurses, and persons in related disciplines in implementation of extension program. **Qualifications:** Administrative and educational experience preferably in collegiate program; M.A. degree. **Salary:** $7,000 annually.

Educational Director — 330-bed general hospital with school of nursing in Western North Carolina. **Duties:** Responsible for organization, administration, and supervision of educational program and supervision of staff of instructors. **Qualifications:** Graduate of accredited school of nursing; B.S. degree or degree in nursing education; five years exprience in supervisory position, teaching experience; experience as assistant director or in capacity of nursing service. **Salary:** $400 monthly.

Mark Your Calendar

DATE	MEETING	PLACE
March 9-10, 1960	Institute on Care of Patient with Burns, sponsored by UNC School of Nursing	UNC Nursing School Chapel Hill
March 10, 1960	Institute for Nurses on Alcoholism	Broughton Hospital Morganton
March 16, 1960	Coordinating Council of NCSNA and NCLN, 10 a.m.	Washington Duke Durham
March 16, 1960	Midyear meeting of NCSNA Board of Directors, 2 p.m.	Washington Duke Durham
March 16, 1960	Meeting of NCLN Board of Directors, 2 p.m.	Washington Duke Durham
March 16, 1960	Meeting of Student Nurses Association Executive Board, 7 p.m.	Washington Duke Durham
March 17-18, 1960	Annual meeting, North Carolina League for Nursing	Washington Duke Durham
March 25, 1960	State-wide Institute on Economic Security, sponsored by NCSNA	Sir Walter Hotel Raleigh
April 5, 1960	Institute for Operating Room Nurses, sponsored by O R Conference Group, NCSNA	UNC Nursing Aud. Chapel Hill
April 6-8, 1960	Annual Hospital Food Service Institute	N. C. State College Raleigh
April 7-8, 1960	Annual Meeting, N. C. Tuberculosis Association	Hickory
April 10-12, 1960	Annual Meeting, Conference for Social Service	Raleigh
April 13-15, 1960	Annual Meeting, Southern Branch, APHA	Memphis, Tenn.
April 20-26, 1960	Short-term Traineeship Course on Principles of Nursing Administration	UNC Nursing School Chapel Hill
May 2-6, 1960	Biennial Convention, American Nurses' Association	Miami Beach, Fla.
May 5, 1960	Nursing Section, Annual Safety Conference, N. C. Industrial Commission	Robert E. Lee Winston-Salem
May 11, 1960	Institute on Meeting Needs of Psychiatric Patient, sponsored by UNC School of Nursing	UNC Nursing School Chapel Hill
July 27-29, 1960	State-wide Conference on Aging—Preparation for 1961 White House Conference	Sir Walter Hotel Raleigh
Sept. 7-9, 1960	Annual Meeting, N. C. Public Health Association	Durham
Oct. 10-12, 1960	Occupational Health Congress, sponsored by AMA	Charlotte
Oct. 26-28, 1960	Annual Convention, NCSNA	Washington Duke Durham
Oct. 31-Nov. 4, 1960	Annual Meeting, American Public Health Association	San Francisco, Calif.

District Eight Participates In Civic Project

District Eight Nurses' Association again in 1959 participated in Greensboro's big holiday civic project — the Empty Stocking Fund. District members dressed 180 of the 600 dolls dressed for the project by the city's leading women's civic and professional groups. Shown above are the six dolls chosen by the district nurses' association as their best. These were entered in the city-wide judging. Included among the community winners were dolls dressed by Mrs. Minella Jones, Helen Voigt, and Mrs. Virginia Williamson, members of District Eight.

Film Strips Available For District Programs

NCSNA has two film strips available for use by district nurses' associations, alumnae associations, hospital schools of nursing, hospital staffs, and other nurse groups.

These film strips are "Steps to Security", about the Economic Security Program, and "At Your Request", about the Professional Counseling and Placement Service. They are available at no charge except shipping costs.

"Steps to Security" shows the collective action nurses can take with assistance of state nurses' association staff to improve their working conditions. It depicts the organization of a local unit, preparation for negotiations, achievement of employer recognition, and participation in arriving at a final decision.

"At Your Request" shows characteristic activities of a nurse, counselor, and employer, explaining how PC&PS helps the graduate nurse through counseling, compiling, and maintaining her professional record and providing information on opportunities in nursing.

Running time for each film strip is 15 minutes. Equipment needed is any standard 35 mm film strip projector and 33⅓ rpm record player. This equipment frequently is available from local health departments, county units of Heart and Tuberculosis Associations, and educational institutions. "At Your Request" can be shown without the record player attachment, since a script is available to be read.

Address requests for these film strips to: North Carolina State Nurses' Association, 2301 Clark Avenue, (or P. O. Box 10554) Raleigh, North Carolina, or telephone TEmple 3-3083.

State Legislation (Continued from page 10)

no preparation beyond the three-year basic nursing program.

The State Legislative Council, of which NCSNA is a member organization, has submitted a tentative legislative program for 1961 to its 19 member groups. Throughout 1960, these organizations are asked to study the proposed items and vote on each proposal. NCSNA's House of Delegates will vote on the program at the convention in Durham Oct. 26-28, 1960.

Those items which receive unanimous approval from all of the Council's member organizations will constitute the 1961 legislative program.

NCSNA members are urged to study the following proposed items and make their opinions known to the NCSNA Board of Directors and the Committee on Legislation.

TENTATIVE LEGISLATIVE PROGRAM FOR 1961
STATE LEGISLATIVE COUNCIL

Widow's Support

If a husband dies without a will, all of his personal property, including bank accounts, is tie up while his estate is being settled. However, his widow may petition for an allotment of $75 for one year's support for herself and for an additional $250 support for one year for each their children under 15 years of age. These sums constitute a first claim upon the personal proper of the husband ahead of the claims of all creditors, including funeral expenses. These amoun are obviously insufficient to support a widow and her children for one year under present da living costs. The amount of these allotments for one year's support should be substantially increase and the age of children eligible for these allotments should be raised to 18. Most children of 1 16, and 17 are still in school.

Under our law an alternate formula is available for the allotment of a widow's year's suppo However, it is discretionary in its application and does not apply to the instances when the wido

s most likely to need a substantial year's support, namely, when her husband's estate is insolvent or when her husband's income has been substantially reduced in the three years before his death.

The most direct way to attack this problem is to leave the alternate formula unchanged and o provide for increases in the mandatory allotments.

Provision for Safe Transportation and Protection of Migrant Workers

Each year approximately 12,500 agricultural migrant laborers are brought into North Carolina o provide a necessary service in harvesting crops. Many of them are transported on State highways n crowded and unsafe vehicles. One disastrous result was the tragic accident in this state a few years ago in which 20 migrant workers were killed.

To permit the transportation of human beings in unsafe vehicles operated sometimes by irresponsible drivers invites such tragedies and presents a safety hazard for other citizens traveling on the highways. Our laws should provide enforceable safety regulations. This is one step toward meeting the community problems associated with the use of migrant labor, such as day care and education of children, sanitation, medical care, housing, and financial need.

Authorization for a Commission to Study a Revision of the Laws Relating to Capital Punishment

The State Legislative Council thinks the time has come to request the Legislature to authorize a commission to study the abolishment of capital punishment in North Carolina for the following reasons:

1. There is great inequality in the application of capital punishment.
2. Where the death penalty is used there is always the risk of executing the innocent.
3. Statistics prove that execution does not act as a deterrent to crime.
4. When the State takes a life it becomes guilty of the very crime it condemns.
5. More convictions and fewer delays are possible without capital punishment. (It often takes long time to impanel a jury in a capital case because so many prospective jurors are opposed o capital punishment. Also juries are reluctant to apply it.)
6. Society is amply protected by a sentence of life imprisonment.

Modernization of Residence Laws

Much human hardship results from the inability of needy individuals and families to meet esidence requirements as defined in law. As our society becomes more mobile, individual problems become more acute. To be eligible for emergency financial help from public funds—whether or food, shelter, or medical care—the person must have lived in North Carolina for one year. ecause of residence laws all cases of need must be checked for residence, a time-consuming and xpensive administrative procedure.

The Governors' Conference, the Department of Health, Education, and Welfare, and many ational organizations are on record as supporting either elimination of residence requirements or health and welfare services for needy people or a system of interstate compacts, based on egislation, to take care of the problem. States would not have significant increases in case loads s a result of these modernizing steps. For example, in New York State, which does not have ny residence requirements, only two per cent of the public assistance cases have lived in the tate less than one year.

North Carolina counties face increasing problems because the costs of emergency financial elp are borne entirely by the counties. Modernizing residence laws would lead to State and ederal sharing of those costs.

icensing of Day Care Facilities

Day care provides supplemental family care for the children of working mothers from inancy to school age. It provides for more of the young child's waking hours than does its own amily. Thus day care becomes crucial in terms of the child's physical and social development.

Children under six years of age, away from their own homes during the working day, are just as great or even greater need of protective care than older children. Yet many very young hildren are cared for in unlicensed day care facilities, subject to such hazards as over-crowding, o few adults to care for the number of children, lack of sanitary inspections, lack of medical spections, fire hazards, inadequate meals, poorly planned programs, etc.

The State Board of Public Welfare licenses more than 250 facilities which meet reasonable andards, but a stronger law is needed to require compliance by all day care operators. Records f the State Board reflect the grave dangers and actual harm to children when such standards re not met. Licensing gives protection to the children, to their parents, and to the day care perators.

New Labor-Management Law Affects Nurses

The Labor-Management Reporting and Disclosure Act of 1959 (Landrum-Griffin Act) became lav on September 14, 1959. One of its requirements is that every organization covered by the Ac shall inform its members concerning the provisions.

Some of the provisions are not applicable to the North Carolina State Nurses' Association but the Act does have some application because of the Economic Security Program, under whicl NCSNA may represent nurses as employees for the purpose of improving their conditions o employment. The Act consists of seven titles.

Title I—Bill of Rights of Members—This title insures democratic procedures in organization which represent employees in industries affecting interstate commerce. It gives every membe equal rights and privileges to nominate candidates, to vote in elections or referendums, to atten membership meetings, to meet and assemble freely with other members, to express his views a meetings or otherwise, to take proper legal proceedings without reprisals. Dues may not b increased nor assessments levied except by at least a majority vote by secret ballot, or a majorit vote of delegates at regular convention, or at special convention held upon 30 days' writte notice. A copy of each collective bargaining agreement made by such organization shall be fo warded to any employee requesting it and to each constituent unit whose members are affected b the agreement.

Title II—Reporting by Organizations, their Officers and Employees, and Employers—This title re quires a covered organization to file a report with the Secretary of Labor including curren officers, dues, qualifications for membership, levying of assessments, participation in benefit plans authorization for disbursement of funds, audit of financial transactions, calling of meetings, ele tions, discipline of officers, agents, and members, authorization of bargaining demands, ratificatio of contracts, and other information and to file an annual report thereafter to bring the initi report up-to-date on all financial transactions. This information also must be made available to i members. Officers and employees of covered organizations also must report annually any conflictin interest involving any employer whose employees the organization represents. Employers who pa money to covered organizations or its agents or who have made expenditures for the purpos of influencing their employees' exercise of the right to bargain collectively must report such pa ment or expenditure. Agreements and financial transactions between employers and labor relatior consultants also must be reported.

Title III—Trusteeships—Since this title deals with a procedure not invoked by nurses' associ tions, it is not applicable to NCSNA.

Title IV—Elections—This title provides for: Election of officers by national organizations at lea every five years by secret ballot or at convention of delegates chosen by secret ballot; electio of local organization officers at least every three years by secret ballot; no discrimination in makin lists of members available to candidates; election of officers of intermediate bodies at least eve four years by secret ballot among the members or by representatives elected by secret ballo 15 days' notice of secret ballot elections; preservation of ballots and records of secret electior for one year; in secret balloting by a convention of delegates, preservation of credentials of del gates and all minutes and records of the convention for one year.

Title V—Safeguards for Covered Organizations—This title states the fiduciary responsibility officers and agents of covered organizations. It requires bonding of persons who handle th organization's funds or other property, including trusts, of at least 10 per cent of the fun handled. This title limits loans by the organization to any officer or employee to $2,000 and pr hibits communists or felons from serving as officer, agent, or employee of covered organizations as labor relations consultant to employers or as officer, director, or employee of an employ association. Prohibition of unlawful payments by employers to employee representatives broadened.

Title VI—Miscellaneous Provisions—This title is a grabbag of provisions varying from extortio ate picketing to use of force to intimidate.

Title VII—Amendments to Labor-Management Relations Act, 1947—This title gives state cour and agencies jurisdiction over labor disputes which the National Labor Relations Board has d clined. It also deals with voting by strikers, secondary boycotts, and recognition and organiz tional picketing.

The above summary covers only the principal provisions of the Act. Penalties and enforc ment of rights are provided in each title. Anyone interested in any of these topics shou consult the full text of the statute. Known as Public Law 86-257 of the 86th Congress, S. 1555, may be obtained from the Superintendent of Documents, Government Printing Office, Washingt 25, D. C.

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North Carolina Nurses Nominated for ANA Offices

North Carolina is well represented among the nominees for offices for the American Nurses' Association and its sections. Elections will be held during the convention May 2-6 at Miami Beach.

On the slate for second vice-president is **Mrs. Margaret B. Dolan,** chairman of the Department of Public Health Nursing, University of North Carolina School of Public Health. Mrs. Dolan currently is president of the American Journal of Nursing Company and a member of the ANA Committee on Legislation.

The following North Carolina nurses are running for section offices:

Anne Pleasants White, Charlotte, nominee for Committee on Nominations, Educational Administrators, Consultants, and Teachers Section; **Ruth Peters,** Fayetteville, nominee for Executive Committee, General Duty Section; **Mrs. Eunice Seaborn,** Oteen, nominee for Committee on Nominations, General Duty Section; **Mrs. Ione B. Bain,** Granite Falls, nominee for Executive Committee, Occupational Health Section; **Mrs. Marjorie Cox Gray,** Charlotte, nominee for Committee on Nominations, Occupational Health Section; **Alma Kermon,** Raleigh, nominee for second vice-chairman, Office Nurses Section; **Caroline Singletary,** Winston-Salem, nominee for second vice-chairman, Private Duty Section.

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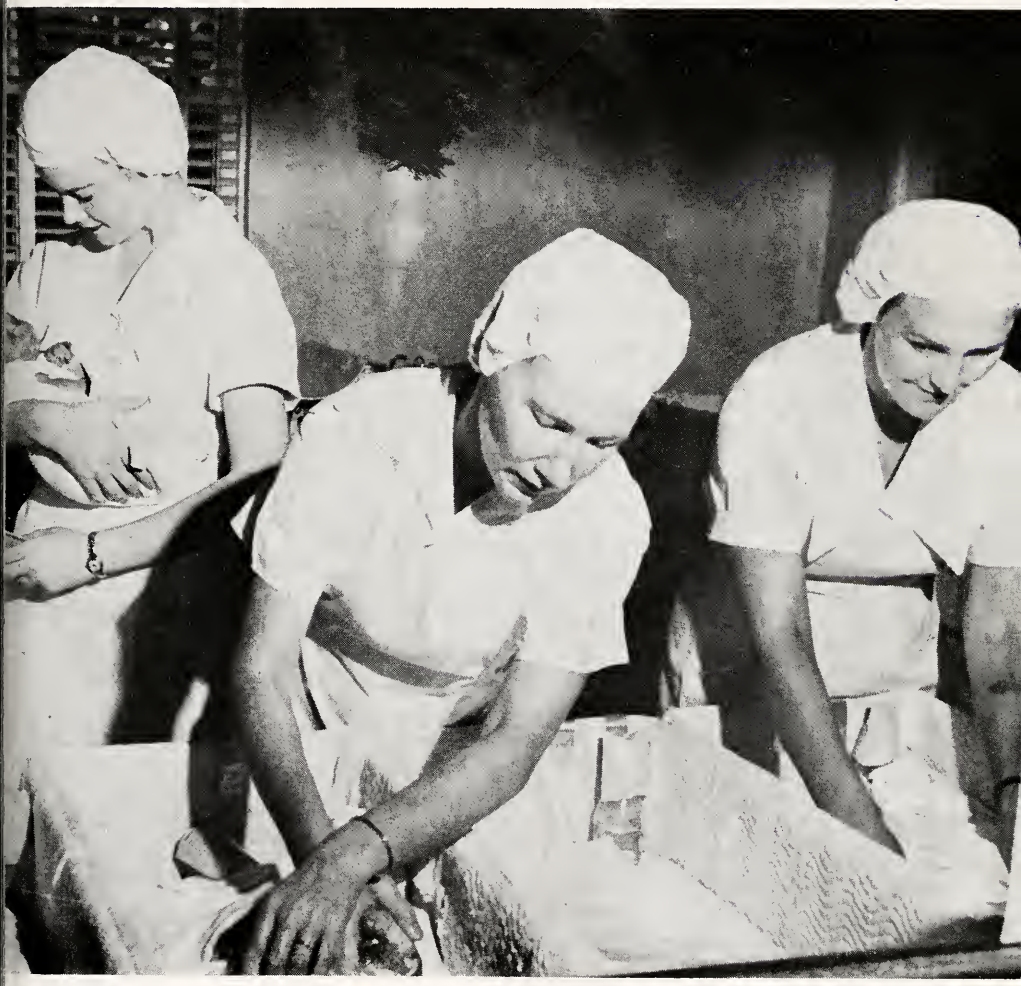

Every Week Is Baby Week

THE TAR HEEL NURSE

VOLUME 22 JUNE, 1960 NUMBER 2

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Cover Note: A whole week was set aside last month for National Baby Week, but our cover picture illustrates something all nurses know—that every week is baby week in the hospital nursery. Our cover picture was made at feeding time in the nursery at Highsmith Hospital, Fayetteville. Left to right are: Judith Spell, student nurse; Mrs. Inez Miller, registered nurse in charge of the nursery; and Mrs. Alma Wall, nurses aide. (Photo by Bill Shaw, *Fayetteville Observer*)

President's Message . . .

We wish each of you could have been there!

The 42nd Biennial Convention of the ANA with its array of interesting programs was no less colorful than the beautiful convention city in the deep south. The Chamber of Commerce in Miami Beach, Florida, hardly found it necessary to use persuasive techniques to swell its population on May 2 with some 6,000 nurses, the majority of whom remained a part of the city's census through June 6. Registration indicated that 6,460 nurses came to represent the profession from many geographical areas and various nursing fields throughout the nation.

It was a good convention and, were there space enough, your president would enjoy writing about the interesting items of business discussed by the House of Delegates. However, since space is limited and you will be learning about the actions of the House of Delegates elsewhere in this issue and through your local districts as soon as the information can be disseminated, they will not be mentioned here.

Many of the program sessions provided opportunities for much discussion, and the nurses were eager to explore present concepts relating to nursing and nursing education in our country. Although no special theme was chosen for the 42nd Biennial Convention, the programs seemed to be focused on the Improvement of Practice and Health Care for the Public. Does this not "strike a familiar note" somewhere for you?

We have just reason to be proud of our fellow nurses in North Carolina. Many attended the convention, seven were participants in convention programs, and four were elected to national offices or to committee memberships. Your president served as a member of the Committee on Resolutions, which was appointed to function during convention week. We are especially pleased that the second vice-president of ANA for the next two years is one of our own.

Those whom you sent (your delegates) regret that many of you could not be there and they, no doubt, like your President, wish to express their gratitude for being appointed to represent you. Learning experiences such as were ours to enjoy, we hope, will make us better contributors to the nursing programs at home.

Martha Adams, R. N.
President

American Nurses' Foundation Campaign Seeks Funds For Nursing Research

Mrs. Eloise Lewis

Mr. Lee Parker

The American Nurses' Foundation campaign to raise $1,000,000 for nursing research is being launched throughout the United States, and the North Carolina State Nurses' Association is making plans to participate in this fund-raising project.

Mrs. Eloise R. Lewis, associate professor of medical-surgical nursing at the University of North Carolina School of Nursing, has accepted appointment as nurse co-chairman in this state, and Lee Parker, Raleigh insurance executive, has been named lay co-chairman.

Mrs. Lewis is well known to North Carolina nurses as a member of the North Carolina Board of Nurse Registration and Nursing Education, past president of the North Carolina League for Nursing, and ANA and NCSNA convention speaker. Mr. Parker is a long-time friend of nurses and nursing and is donor of the Lee Parker Scholarship awarded annually to a student or graduate nurse selected by the NCSNA Board of Directors.

North Carolina's campaign will get underway officially at the 1960 convention in October at the Washington Duke Hotel in Durham. A State Campaign Committee composed of district chairmen and representatives of the public at large will be organized this summer.

Since nurses themselves have the greatest stake in nursing research, nurses will be asked to "give or get $5." On the basis of membership, North Carolina's state campaign goal is $20,169, including a quota of $18,335 and 10 per cent for state and district expenses.

Campaign details were announced at the ANA convention in Miami Beach, when Mrs. Katherine Densford Dreves, national campaign co-chairman, presented the need for expanding the American Nurses' Foundation research program. Mrs. Dreves is a former president of ANA and recently retired as director of the School of Nursing at the University of Minnesota.

The Foundation recently announced that Lee H. Bristol, Jr., has been named national campaign co-chairman

A Family of Nurses

Nursing is a tradition in the family of Mrs. Edna Miller, left, of Asheville. Her three daughters have followed their mother into the nursing profession—Mrs. Lu Retta DeBruhl, standing, office nurse; Mrs. Joyce Boone, center, student nurse at Memorial Mission Hospital School of Nursing; and Mrs. Waynette Sappington, who is on the staff at Memorial Mission Hospital.
Mrs. Miller has served as chairman of the Private Duty Section of District One Nurses' Association. She also is a one-woman recruitment committee for nursing! She has influenced three nieces to become nurses and two young women in her neighborhood. Her 10-year-old granddaughter already is showing leanings toward nursing as a future career.

representing the interests of business, industry, and the general public. He is director of public relations for the Products Division of the Bristol-Meyers Company, co-founded by his grandfather, and has been active in the fields of business, communication, and education.

To conduct the fund-raising program, produce instructions and materials, and be responsible for the planning and strategy of the campaign, the Foundation has engaged Tamblyn and Brown, Inc., a founder of the American Association of Fund Raising Counsel. This firm, which has been serving philanthropic institutions for 40 years, is engaged on a flat fee basis and is not compensated in any way relative to the income produced in the campaign.

District associations will have opportunity to participate in the campaign and will receive suggestions and materials.

Planning For Nursing Services In Disaster

The North Carolina State Nurses' Association Committee on Nursing in National Defense met in March to hear a report from its chairman, Jean Fuller, who attended a special Civil Defense Course for Nurses in early February in Brooklyn, N. Y.

Miss Fuller outlined the five-day course and gave highlights of the lectures and discussion periods. The course, sponsored by the Office of Civil and Defense Mobilization, was attended by 86 nurses from 23 states and Puerto Rico.

Participate Locally

The NCSNA Committee recommended that nurses throughout North Carolina be urged to participate in civil defense activities in their local communities. The committee emphasized the need for nurses to complete the American Red Cross instructors' course in "Care of the Sick and Injured," and to promote inclusion of disaster planning in in-service education courses and school of nursing curricula.

The American Nurses' Association Committee on Nursing in National Defense also has been active during recent months in a study of some of the problems involved in disaster nursing. The Committee has released a statement on "The Role of the Nurse in Disaster" and is urging state associations to review state civil defense statutes in relation to immunity and exemption provisions.

In event of a national disaster, it may very well be necessary for professional nurses to perform certain functions which in normal circumstances would be the province of the physician and surgeon. ANA is concerned that in the performance of these expanded functions in emergency situations nurses have immunity from civil suit and exemption from state licensure requirements.

Of equal importance is protection during the teaching of those who may be called upon to perform expanded functions in an emergency. These expanded functions are within the sphere of activity of the physician and surgeon, and medical practice acts prohibit performance of these activities by anyone not qualified under the act. The logical way to obtain protection for the teacher—who may be physician, surgeon, nurse, or other allied medical personnel—is through an amendment to the civil defense statute. ANA therefore recommends that SNAs seek provision for immunity from civil suit and exemption from state licensure requirements for teacher and students during a recognized educational program when these expanded functions are being taught.

A kit has been prepared by the North Carolina Civil Defense Agency and is available to district nurses' associations on how to promote disaster preparedness campaigns in a local community. These may be requested from the Agency, Box 10427, Raleigh.

Dramatization of a disaster plan in action highlighted a special meeting at the May ANA convention sponsored by the ANA Committee on Nursing in National Defense. The drama showed how agencies in a community plan together to meet the emergencies of a disaster and pointed up the need for more work in preparing nurses for disaster situations.

Urgency Stressed

Mrs. Beatrice A. McHarg, chairman of the Committee, said the success of civil defense mobilization plans in the event of war will be dependent on "the health services provided at the local level." She said a far-reaching plan for nursing service in disaster, wholeheartedly supported by the whole profession, is "an immediate and incontroversial necessity."

Mrs. McHarg reminded nurses they have a dual responsibility as citizens and professional nurses to know what is essential for their own family's survival and to know their own institution's plan and how it is coordinated with community, state, and national survival plans.

ADOPTION LAWS AND THE NURSE

Nurses often have close contact with a mother who wishes to give up her infant for adoption, because she either cannot or will not keep her child.

As a nurse, are you thoroughly familiar with adoption laws of North Carolina?

Sometimes in trying to help such a mother with her immediate problem, in a highly emotional situation, a law is violated or a problem created unintentionally. It would be wise, therefore, for all nurses again to review adoption laws and practices in this state.

The adoption program is described simply and clearly in Information Bulletin No. 26, "The Adoption Program in North Carolina", published by the State Board of Public Welfare. Copies are available in hospital libraries or from the Board of Public Welfare.

The bulletin points out that it is *illegal for anyone except a representative of a county public welfare department, or a licensed private child-placing agency, or a parent to participate directly in the placement of a child.*

Physicians, attorneys, nurses, ministers — anyone who may know of a parent wanting to place a child should *always* refer the parent immediately to a county department of public welfare or to one of the licensed private child-placing agencies listed in the bulletin. Keeping such situations in complete confidence is a necessary protection for the child, the parent, and the future parents.

ANA Convention — 1962

The 1962 convention of the American Nurses' Association will be in Detroit, Michigan. Dates have not been announced.

Statewide Conference On Community Health Projects

The Annual State Community Health Conference, sponsored by the Medical Society of the State of North Carolina, will be held on Wednesday, June 29, at the Sir Walter Hotel in Raleigh.

Following a one-hour registration period, the opening session at 10 a.m. will feature reports on the Cabarrus County Tetanus Immunization Campaign, by Dr. Ladd Hamrick of Concord; Jackson County Rural Health Day, by Dr. Philip E. DeWees of Sylva; and Organized Home Care Services for the Chronically Ill and Aged (Person and Alamance County Reports), by Dr. O. David Garvin of Chapel Hill.

During the afternoon session, three discussions are featured: Youth Leads in Community Health Projects, by Mrs. Rachel H. Ferguson of Raleigh; Organized Rescue Squad Action, by Dr. R. Vernon Jeter of Plymouth; A Community Attracts an M.D., by the Rev. J. T. Howell of Grover.

Dr. W. Wyan Washburn of Boiling Springs will give the concluding talk. Others on the program are Dr. Hugh A. Matthews of Canton, chairman of the Medical Society's State Conference Committee, and Dr. Amos N. Johnson of Garland, president of the Medical Society.

The meeting is open to all interested nurses.

MEDICAL TEAM for Operation Snowbound prepares to board rescue helicopter. Left to right: Laura Mosely, retired nurse; James Parham, first aider; Dr. Donald Hartzog; Elma Pike, first aider; Mrs. Ingram, and the pilot.

REPORTING FOR DUTY at Red Cross emergency headquarters in West Jefferson, Mrs. Ingram checks in with Alice Spellman, Red Cross nursing representative from national headquarters, and Ralph Davis of the Red Cross office in Atlanta.

Operation Snowbound

By Mary Ruth Ingram

On Friday afternoon, March 11, 1960, Miss Joyce Warren, my director of nurses, told me that she had received a call from the local Red Cross Chapter asking for volunteer nurses to go to West Jefferson. She asked me if I would be interested in going and, if so, to be on stand-by for a call from them on Saturday morning. Eagerly I agreed to go, knowing nothing about what I was getting into or what I was expected to do. The result was one of the most interesting experiences I have ever known.

At noon Saturday I received the call from the Red Cross, telling me we would leave from the local airport, by helicopter, at 2 p.m. They also told me to put on all the warm clothing I had, because we would not have a hospital or shelter in which to work but would be going out on missions to see patients who were snowbound.

Mrs. Mary Ruth Ingram is supervisor of the Out-Patient Department of North Carolina Baptist Hospital in Winston-Salem and a member of the Red Cross volunteer medical team in Winston-Salem. This is her account of experiences in giving nursing care to snowbound people of Western North Carolina during Operation Snowbound in March, when record snow falls isolated more than 2,000 people in Ashe, Alleghany, Watauga, and Avery counties.

Our group of volunteers from Winston-Salem included one other nurse, Laura Mosely, and Dr. Donald C. Hartzog and two first-aid men who made the trip by helicopter. Two other first-aid men drove up that night.

I had never been near a helicopter before, and this was a new and interesting experience. Ours was a banana-type helicopter and much larger than the whirley-birds we see on television. Including the crew, there were 10 people aboard for the trip, which took exactly one hour from Winston-Salem.

A landing strip had been made atop a hillside just outside the town of West Jefferson by clearing the snow away and cutting a road down the hillside by a bulldozer. We were met there by State Highway Patrol cars and taken directly to Red Cross headquarters in West Jefferson.

My first call came at six o'clock that evening. Dr. Hartzog and I went together in a Rescue Squad Truck along with crew and a local guide. We called on a family of five who lived about 10 miles from town. The father had been in bed for a week with flu, the mother was just out of the hospital with a five-day-old baby, and the oldest child, five years old, was sick with an ear infection and some upper respiratory distress. Dr. Hartzog treated

FACE OF DISASTER was found by Mrs. Ingram when she visited Mrs. Mary Bowling, 80-year-old bedridden victim of March's record snowfall. Mrs. Bowling had been marooned in her mountain home for three weeks and was without heat, food, or medical care of any kind.

him with antibiotics. To reach their house, we walked through knee-deep snow for about one city block. We also carried along a 50-pound bag of groceries, including some fresh milk, and a bag of coal.

Former Patient

After our cold ride back into town, and after our two trips through the snow, my feet were wet and cold. Although I had on rubber boots, extra socks and extra clothes, I decided I needed more "warm" clothing. After supper we went shopping, and the doctor and I bought long underwear. I had forgotten how warm it could be! They had none for women, so I wound up with the "split-seat" type, also.

On Sunday morning a man collapsed just outside our door. We put him on a litter and brought him inside for examination. I was on my knees checking his pulse and blood pressure when he opened his eyes, looked up at me, and said, "Ain't I see'd you someplace before?" He was a patient who had been treated in the Out-Patient Department of North Carolina Baptist Hospital where I work, and he recognized me. He was a diabetic and had grown dizzy and fallen on the ice but had no apparent injury.

Shortly after this incident, I left by helicopter to fly up to Lansing to see another patient, Smith Greer. We landed in his front yard, and when I stepped out, I went into snow up to my hips. My feet never touched the ground. Fortunately, several men always went along with us, because it took two of them to help me walk. Dr. Hartzog was along on this trip also, and since he found Mr. Greer to have pneumonia, we put him on a litter and took him back into West Jefferson. It was a most beautiful flight across the mountains; the sun was shining and there was snow, snow, snow everywhere. After landing, we put our patient into a waiting Army ambulance and took him to his daughter's home, where his physician could follow him. We then contacted the radio station, and they broadcast to his family that he had landed safely. They also agreed to broadcast his condition each day so that his snowbound family in Lansing could hear from him.

All our work and visits were for emergencies only. The patients were then referred to their own physicians or agencies for follow-up treatment.

I suppose my most interesting experience came on Monday morning. My orders were to take along everything warm I had because I might be gone overnight. Earlier that morning, the pilots had found two women, alone in a cabin high on a mountainside, who had been out of food and fuel for five days. They were just sitting there waiting to freeze or starve to death. Mrs. Mary Bowling, the mother, was in her eighties and had been bed-ridden for two years. The other, her daughter, had a heart condition and was unable to get out in the snow. On that flight we took along two 100-pound bags of coal, five gallons of kerosene, and a 50-pound bag of groceries besides warm clothing, blankets and some medications. They had no electricity, and the kerosene was for lamps.

Help Welcomed

Mrs. Bowling was quite small and emaciated and weighed no more than 75 pounds. She was wrapped up in sweaters, had her head tied up, and was in bed with all the bed covers they owned. And she still complained of being cold. She hugged and kissed me and said: "Thank God! You all are the best people on earth." There were four of us there to help them. I was quite thankful that I could do something for people as needy as these. Of course, the snow was not responsible

JOY OF RESCUE is on the face of Poindexter Medley, a diabetic who collapsed from lack of insulin during the snow storm. Mrs. Ingram listens to his account of isolation and rescue.

for their economic condition, but it had added to their suffering. This was true of so many cases that we saw.

While we were in West Jefferson, we ate our meals at the Methodist Church. The women of the Church did a tremendous job of cooking and serving delicious meals to all the workers there — and that number was huge! Breakfast was served beginning at five o'clock each day. The pilots started their hay and food lifts at dawn. The Red Cross paid for all this food, as well as for the food packages dropped or delivered and the fuel delivered and used in the various missions accomplished.

The Army, Red Cross, Civil Defense, and National Guard all did a magnificent job, and I am grateful for having had just a small part in "Operation Snowbound."

District Institute

An institute on "The Whole Patient" was held in May in Charlotte, sponsored jointly by District Five Nurses' Association and Heart Services of Charlotte and Mecklenburg County. The speaker was Mrs. Lydia E. Hall, director of the Loeb Nursing Center Project, Montefiore Hospital, Bronx, N. Y.

CONCERNS AND CHALLENGES

In Nursing and Nursing Education

Concerns and challenges in present directions in nursing, in nursing education, and in effective communications were subjects for the main speakers at the 1960 meeting of the North Carolina League for Nursing held in Durham in March.

Inez Haynes, general director of the National League for Nursing, spoke on the concerns and challenges of present directions in nursing. Citing a better informed public and swift scientific advances in medicine, she said Americans are demanding and getting the best and newest in health care.

As patterns in health services are changing, so are patterns in nursing services, she said. "Changes in nursing practice and nursing services have come spontaneously in response to the need," she stated. "There has not been time for any appreciable literature on the change to be written — this despite the fact that the changes have been very great and both evolutionary and revolutionary in character."

She listed major changes as: The added cast of characters in nursing service and the appearance of the nursing team and the need to re-organize nursing services. Miss Haynes stated: "It is not easy to expand the scientific foundations of nursing while science itself is rushing ahead; to devise multilevel programs of nursing education to fit every need while at the same time preparing all graduates of these programs for bedside nursing; and to prepare more nurses for the tremendous requirements for teachers and for leaders, administrators, directors, coodinators, and organizers in nursing services.

"Nevertheless these are the objectives toward which your League is constantly striving to organize the efforts of nursing and general community . . . But while the changes in our American ways of living have called forth changes in medical services, in nursing practices, and nursing services, there is as yet no change to keep pace with the times in the attitude of the public in its demands for these services. Nursing, particularly, needs good public relations campaigning today more than ever to help the public understand *why* nursing practices and nursing services have changed so."

Communications

Speaking on "Effective Communications", M. Elizabeth Carnegie, associate editor of *Nursing Outlook*, stressed that communication is more than just getting an idea across — it is getting it across effectively. She listed the following obstacles to effective communication.

Words mean different things to different people; failure to "keep it simple"; fluctuating meanings in language; misinterpretation of what we say; misinterpretation of what is not said; suspicion by others of our motives; failure to recognize individual differences.

The speaker suggested these means of overcoming the obstacles: Get acquainted with the people in our own organizations; be genuine, not bossy; instead of ordering, lead; give explanation for all orders and directions; know the difference between a suggestion and an order; encourage participation in developing plans and policies; have respect and regard for all persons in the organization.

Nursing Education

Dorothy Smith, dean of the College of Nursing and chief of the J. Hillis Miller Health Center nursing staff, University of Florida, spoke on the concerns and challenges in nursing education. She listed three objectives for a nursing school curriculum:

"To provide for exploration and discovery of meaning so that perception is more extensive, richer, deeper; to provide for sharing of experience between students and faculty so that each will feel a producer as well as a consumer of knowledge; and to provide for real felt problem-solving in patient care with involvement and commitment."

Discussing curricula, Dean Smith noted that in both collegiate and diploma program curricula, materials and knowledge have been added but nothing has been taken away, and there no longer is any unity or central focus.

"In our schools, how much opportunity is there for exploration or discovery of personal meaning?" she said. "Do we really conceive of a student body and a faculty as a band of scholars? The salary of a teacher is justified only if she is able to share with students her experiences in relation to the problems in nursing . . . The student then begins to grow and feels on the inside of nursing, rather than on the outside of nursing and begins to identify with nurses, rather than with patients or students. This band of scholars, students and faculty alike, become producers of knowledge as well as consumers of knowledge . . .

Problem - Solving

"Do we really do problem-solving? . . . Sometimes we look on lack of knowledge as a disgrace, rather than as a stepping stone to knowledge. We seem to assign a student to a problem and then expect her to give us back the answers that have been tried and true and tested throughout the years. Real problem-solving in patient care comes about only by being involved and committed and can be learned only by students caring for fewer patients and caring for these for a longer time, through more talking, more discussing, more reading, fewer lectures, and through good supervision.

"The facts we give sometimes in nursing have more to do with problem-solving in medicine than in nursing. Sometimes we think of nursing as vocational education and of sociology as liberal education. The information and insights and the knowledge that can come from the care of a patient can be as truly liberal as any anthropology course if patient care is looked at in its broadest context. Our challenge is to help us devise the ways to put into practice what we really know and believe and not be afraid to do this, even though it means a departure from outdated, traditional methods."

UNC Offers Course In Long-Term Illness

A four-week course on "Nursing Care of the Patient with Long Term Illness", sponsored by the University of North Carolina School of Nursing, began on June 13 and will conclude on July 8. The course is offered in cooperation with the UNC Extension Division and is designed for graduate registered nurses who wish to develop more skill in using the professional nursing relationship to help patients. The course carries three undergraduate credit hours.

Second Short-Term Traineeship At UNC

The University of North Carolina School of Public Health is among 12 institutions which recently were granted Public Health Service funds for short-term training courses.

According to a Public Health Service announcement, the new course is a "Workshop in Public Health Nursing Supervision" to provide instruction for public health nurses, who are in supervisory and senior nurse positions, in the philosophy and principles of supervision. Mrs. Margaret B. Dolan, chairman of the Department of Public Health Nursing at UNC, will be program director. Dates for the course are June 13-June 24.

The UNC School of Public Health is the second in that institution to qualify for short-term traineeship funds. The UNC School of Nursing was one of the first to qualify and conducted a short-term traineeship course in April on Principles of Administration. Since February, traineeship grants have been made to 25 institutions offering a total of 51 short-term courses.

Warning About D.N. Organization

Publicity has cropped up recently in several North Carolina newspapers about the "American Association of Doctor's Nurses."

NCSNA has been informed by the American Nurses' Association that the American Registry of Doctor's Nurses and its officers have entered into an agreement containing a consent order to "cease and desist", in response to a complaint issued by the Federal Trade Commission.

The American Registry of Doctor's Nurses and individual officers have agreed to cease and desist: From using its trade name without "clearly and conspicuously" revealing that it is a private business operated for a profit; from representing that respondents are a certifying, accrediting, or qualifying agency authorized or competent to establish the occupational requirements for doctors' nurses or to determine the qualifications of such individuals; and from furnishing, supplying, or selling memberships, certificates or other insignia to persons other than graduate, registered, or licensed nurses which represent that the wearer is a qualified member of an occupation or profession.

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Order Your JOURNAL Now
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THE AMERICAN JOURNAL OF NURSING

District Ten Scholarship Honors Member

District Ten Nurses' Association recently honored one of its members, Mrs. Elizabeth Scott Carrington, for her many years of leadership in the nursing profession, especially in raising funds for scholarships. The honor was in the form of a $400 scholarship to be awarded to a student nurse. Shown above examining the commemorative plaque awarded to Mrs. Carrington are, left to right: Mrs. George Kerr, representing the Alamance-Caswell Medical Auxiliary; Mrs. Carrington; and Mrs. Lucile Crabtree, president of District Ten. The presentation was made at the April meeting of the District. For several years Mrs. Carrington has served as chairman of the School of Nursing Committee of the Medical Foundation of North Carolina, and in this capacity she has traveled the entire state seeking scholarships for the University of North Carolina School of Nursing and promoting continuing education for nurses.

Nurses Can Promote Polio Vaccinations

It is five years after the introduction of the Salk vaccine. Any needless case of polio now is a serious reflection on the health professions in this country.

State and district nurses associations are urged to cooperate with local health officers or other health authorities in efforts to promote wider use of the Salk vaccine. According to the National Health Council, there was a 54 per cent increase in paralytic polio in 1959 over the previous year. Eighty-two per cent of the 1959 cases had not been fully vaccinated.

The problem is a familiar one of overcoming personal or community inertia in the use of an effective protective health measure. As a nurse, you are a community health leader and can do much to battle this inertia.

Information needed by district nurses' associations may be obtained from local health departments or directly from Dr. Robert J. Anderson, chief, Communicable Disease Center, U. S. Public Health Service, 50 Seventh St., N.E., Atlanta 23, Ga.

The Future Looks Bright For Nurses

Nurses can expect to benefit, more than many other members of society, from helpful long-range trends of the American economy, according to Dr. Robert L. Bunting, professor of economics at North Carolina State College, who spoke at the NCSNA Economic Security Workshop held in Raleigh in March.

Other features of the all-day program were talks by Mrs. Anne Zimmerman, of Illinois, chairman of the American Nurses' Association Committee on Economic and General Welfare, and Mrs. Margaret B. Dolan of Chapel Hill, member of the ANA Committee on Legislation. The closing session was a local-problem clinic, at which nurses discussed particular problems in economic welfare in their own employment situations.

Dr. Bunting explained basic principles of the American economic system and the individual income in relation to the gross national income. He emphasized that increase in quantity of goods and services available to the American people has been accompanied by qualitative changes, an example of which is the progress in medical care.

Economic expansion should continue, he said, because of a plentiful supply of resources, a large stock of buildings and productive equipment, an expanding and healthy labor force, an expanding technology, and a proven organization—free enterprise.

Factors Listed

Dr. Bunting listed several reasons why nurses should realize economic gain in the future: peoples' medical expenditures rise at a more rapid rate than their incomes; people are moving from rural to urban areas, and city people buy more medical services than farm folk; medical spending rises with educational level, which continues to improve; life span is lengthening, and older people require more medical attention.

He suggested more immediate improvement of the economic conditions of nurses might be realized by gathering facts and comparisons on salaries, developing a theory to guide the use of these facts, and "a lot of hard work". Under the theory of "supply and demand", we need to answer the question, "What can we do to increase demand or decrease nurse supply?"

"One way to approach this problem," he said, "is that of studying other groups which have apparently been successful in their income-raising efforts. We could severely cut back on the number of people who are permitted to become nurses — there are some economists who feel that this is the formula used by one of the most successful unions of them all, the American Medical Association. Or we could read the Teamsters' Union manual and learn all of the tricks of the trade. Assuming that NCSNA is not out to exploit the rest of the community, three approaches remain."

Suggested Approaches

Dr. Bunting then suggested increasing knowledge about job opportunities in nursing among nurses themselves and among their employers; increasing demand for nurses by educating the public and potential employers as to need for nursing service in new areas; attracting the finest young people possible into nursing.

"The way to improve nurses' incomes most consistent with all the best traditions of American free enterprise is by increasing the quality of the services that nurses sell," Dr. Bunting said. "The opportunities for nurses to grow in the many technical and personal aspects of their work are well-

nigh limitless—and there are few callings in which there exists such a happy coincidence between personal achievement and service to mankind. I would guess that your association can do more to stimulate the future of nursing along these lines than any other."

Mrs. Zimmerman reviewed the development of the ANA Economic Security Program and discussed the policies under which the program functions. She outlined progress made under the program since its beginning in 1946 and described a pilot project begun in 1954 in Illinois to demonstrate best use of the tools developed by ANA and to serve as a "grassroots" education program for nurses.

She said, "Unless there is a real probing of the economic status of the profession, there never will be any real progress, and we learned, too, that a local unit is a weak group without the help of the State Association."

Goals Outlined

Mrs. Dolan outlined the goals of the meeting: To provide information on the economic status of nursing today; to understand the background and philosophy of the Economic Security Program; to understand how the program functions in North Carolina; to acquaint the individual nurse with her responsibility in carrying out the program; and to obtain some know-how on participating in the local unit and interpreting the program to other nurses and employers.

Mrs. Marie B. Noell, NCSNA executive secretary, explained the use of a kit on local units developed to assist nurses in forming these units within their places of employment. A review of a recent survey of employment conditions of nurses was presented by Daisy McCommons, former NCSNA staff member. Her review was based on a report of the survey which appeared in the December, 1959, issue of *Tar Heel Nurse*.

The film strip, "Steps to Security", was shown during the workshop. Produced by ANA, this film is available from NCSNA Headquarters for use at district or hospital staff meetings.

Mark Your Calendar

DATE	MEETING	PLACE
June 26-29, 1960	Tenth Institute on Problems in Tuberculosis Control	Lake Junaluska
June 29, 1960	State Community Health Conference, sponsored by Medical Society of N. C.	Sir Walter Hotel Raleigh
July 27-28, 1960	State-wide Conference on Aging—Preparation for 1961 White House Conference	Sir Walter Hotel Raleigh
Sept. 7-9, 1960	Annual Meeting, N. C. Public Health Association	Durham
Oct. 10-12, 1960	Congress of Industrial Health, sponsored by AMA Council on Occupational Health	Charlotte
Oct. 25-28, 1960	Annual Convention, NCSNA	Washington Duke Durham
Oct. 31-Nov. 4, 1960	Annual Meeting, American Public Health Association	San Francisco, Calif.
April 17-22, 1961	Twelfth Quadrennial Congress, International Council of Nurses	Melbourne, Australia

PROFESSIONAL COUNSELING AND PLACEMENT SERVICE

There are many employment opportunities in our Tar Heel state. If you are considering a change in employment, why not contact the NCSNA Professional Counseling and Placement Service for information about job vacancies?

PC&PS has job descriptions for vacancies in all areas of nursing practice—general duty, head nurse, supervisor, director of nursing service and nursing education, instructor, and public health nursing. PC&PS serves members of the professional association in COUNSELING and PLACEMENT.

Jobs . . .

Educational Director — School of nursing in 320-bed general hospital in Northcentral North Carolina, fully accredited by NLN. **Duties:** Administration of nursing education; responsible for curriculum development, guidance and counseling, class schedules, employment of personnel, research. **Qualifications:** Master's degree and broad professional experience in administration, teaching, nursing, communication, and interviewing and counseling. **Salary:** $425 monthly beginning.

Operating Room Supervisor — 350-bed general University hospital. **Duties:** Administration of nursing service in six operating rooms and recovery room, teaching new personnel, leading in-service education conferences, participation in surgical schedule conferences. **Qualifications:** Baccalaureate degree and some supervisory experience in active surgery. **Salary:** $4,800 annually beginning.

Assistant Professor — Collegiate school of nursing in Northcentral North Carolina. **Duties:** To plan, organize, and teach course in fundamentals of nursing and supervise related clinical activities. **Qualifications:** Master's degree with specialty in nursing and some experience in nursing. **Salary:** $6,000 annually.

Assistant Professor — Collegiate school of nursing in Eastern North Carolina. **Duties:** To plan, organize, teach, and supervise total medical-surgical area of nursing in new four-year school of nursing. **Qualifications:** Master's degree with major in medical-surgical nursing with some experience in teaching. **Salary:** $6,000 annually.

Evening Supervisor — 700-bed teaching hospital in Piedmont North Carolina. **Duties:** administration of nursing service during tour of duty, including maintenance of nursing program and care for patients, direction and supervision of personnel, participation in committee activities and in-service education program. **Qualifications:** B.S. degree in nursing; at least five years progressive staff experience; teaching experience desirable. **Salary:** $4,480 annually beginning.

Assistant Night Supervisor — 700-bed teaching hospital in Northcentral North Carolina. **Duties:** Administration of nursing service, including maintenance of patient care; direction and supervision of personnel; participation in committee work and in-service education program. **Qualifications:** B.S. degree in nursing or nursing education; at least five years experience as staff, head nurse, and supervisory experience; teaching experience desirable. **Salary:** $4,480 annually beginning.

Director of Nursing Education—120-bed hospital school of nursing in Western North Carolina. **Duties:** Assume responsibility for developing new four-year program starting September, 1960, with two calendar years at nearby college and two years at hospital. **Qualifications:** Master's degree preferable; at least B.S. degree with acceptable experience. **Salary:** $5,400 annually beginning.

Educational Director — Hospital school of nursing in Western North Carolina. **Duties:** Responsible for organization, administration, supervision of educational program. **Qualifications:** B.S. degree; five years experience in supervisory capacity; teaching experience as instructor; experience as assistant director or in a capacity of nursing service. **Salary:** $5,400 annually beginning.

Director of Nurses — 200-bed general hospital in Eastern North Carolina. **Duties:** Planning and administrative duties and responsibilities of Director of Nurses. **Qualifications:** B. S. degree; Master's degree in education preferable. **Salary:** $450 monthly beginning.

THE NURSE IN THE SOCIAL SYSTEM OF OPERATING ROOM

Importance of understanding the concepts of modern nursing was emphasized by Edythe L. Alexander, principal speaker at the NCSNA Operating Room Nurses Conference Group Institute conducted in Chapel Hill on April 5.

"These concepts include the ministering. nurturing, and comforting functions of the nurse, the technical functions and scientific knowledge essential in performing nursing care skillfully and safely, and the intelligent understanding of the principles of human behavior with ability to use the skills in communication, observation, and evaluation effectively," Miss Alexander said.

"The role of the administrator, supervisor, or instructor is built upon a broader and deeper understanding of the natural and social sciences, and the humanities."

In describing the "social system" of the operating room — with the patient in a dependency role and the surgeon in a leadership role — the speaker termed the nurse the "social-emotional leader", the team member primarily responsible for managing the stress and strains of the group.

"It is the nurse who maintains the internal equilibrium of the team so that it may complete its goal — that of helping the patient to feel better and get well," she said. "Thus the nurse is aware that each member of the group has certain functional problems to cope with. In this social system, the nurse is concerned with the ministering comforting functions, the technical nursing aspects, and assessment of nursing care and methods whereby the group shall receive direct gratification for services rendered . . .

Role Conflict

"In some situations, the nurse finds herself in a role conflict. We should realize that several sets of expectations coming from various social systems in our society converge to define the role of the professional nurse." The speaker listed surgeons, administrators, educators, nursing organizations, the family, colleagues, and other groups as helping to define the nurse's role in the hospital.

Miss Alexander discussed the "repressive environment" in a hospital, which prevents natural and normal development of the staff, and a "free-rein type of environment", in which the supervisor exists primarily as a contact person to bring the group information and resources it wants.

She stated: "Administration is concerned with specialization balance, coordination, integration, rigidity, and flexibility. Effective administration adjusts the existing situation, while the fundamentals remain the same. Administration is a dynamic process when it blends together everything that is important — growth of personnel, knowledge, communication, and human relations.

Nurse as Leader

"In modern operating room nursing, the professional nurse must be willing to accept a leadership role . . . A leader tries to discover what the patient needs, what the group wants, and contributes something to help the group move closer to the goals; aims to solve the problem at hand rather than change beliefs of the group; tries to think clearly, initiate ideas, take the lead, seek out facts, evaluate them, and draw conclusions. Ingenuity, creativity, and faith in yourself and others are necessary to put the pieces together into a work plan. I believe nursing can fit its own elements into the puzzle."

The Operating Room Nurses Institute concluded with an afternoon session on plastic surgery, with illustrated lectures by two members of the North Carolina Memorial Hospital Department of Surgery, Dr. Earl Peacock and Dr. Carl Hartrampt, as speakers.

Cancer Conference

The fourth National Cancer Conference will be held September 13-15, 1960, at the University of Minnesota in Minneapolis. It is sponsored jointly by the American Cancer Society and the National Cancer Institute of the Public Health Service, Department of Health, Education, and Welfare. The conference will focus on three general topics: etiology, pathogenesis and spread, and therapy of malignant disease. Participants include two North Carolina physicians, Dr. R. Wayne Rundles of Durham and Dr. Herbert Lund, Greensboro.

ICN CONGRESS

The International Council of Nurses has issued formal notice that the Twelfth Quadrennial Congress of ICN will be held in Melbourne, Australia, April 17-22, 1961. The theme will be "Wisdom and Guidance through Professional Organization." Applications are available from the American Nurses' Association.

1960 WHITE HOUSE CONFERENCE ON CHILDREN AND YOUTH

By Mrs. Frances N. Miller
Assistant Executive Secretary and Public Relations Counsel, NCSNA

It was the experience of a lifetime to participate as a delegate for North Carolina in the 1960 White House Conference on Children and Youth, held March 27-April 1 in Washington, D. C.

Only in America would 7,600 people from all walks of life gather in the nation's capital in a project of such ambitious magnitude, with complete freedom to think, speak, and vote as individuals. For six days delegates to the White House Conference occupied every conceivable meeting space and poured their best creative thinking—enriched by their varied backgrounds, interests, and experiences—into study of ways to promote opportunities for children and youth to realize their full potential for a creative life in freedom and dignity.

The task assigned to the 1960 Conference was three-fold—study and understanding of: The values and ideals of our society; the effects on development of children and youth of the rapid changes in this country and the world; opportunities for individual fulfillment and constructive service to humanity.

Masterpiece in Planning

How these 7,600 people went about their task was a masterpiece in democratic organization and planning. Each delegate was assigned to one of five theme assemblies. Each theme assembly was divided into 18 forums, and each forum was further divided into workgroups of 25-50 participants. Theme assemblies dealt with the same broad topics; forums dealt with more specific aspects of the topics; and workgroups considered narrowed problems within the forum subjects.

I was assigned to a forum on "Mobility—Population Shifts and Changes in Health and Living Conditions, Education, Employment, and Social Situations which Affect the Young in the Community." My workgroup studied "The Effects of Social Mobility on the Development of the Young." Theme assembly and forum speakers were of such high calibre as to stimulate our best thinking and greatest enthusiasm.

Recommendations of the White House Conference originated in the workgroups and were coordinated with those of other workgroups studying the same topic. At forum meetings, workgroup recommendations were discussed and voted on. The entire plan was so intent on providing complete democracy that we were overwhelmed with recommendations—1,600 from all forums! At this writing the delegates still have not received copies of the edited and digested recommendations of the conference.

My workgroup, being concerned with the effects of social mobility on the young, recommended special attention from government services to the health, welfare, and educational needs of migrant and in-migrant children. We also recommended recognition of the problems of a mobile population such as we have in this country today and the tailoring of government and community services to meet the needs of mobile children. We learned that 12,000,000 children in this country move in one year and that 85 per cent of our rural youth must migrate to cities for employment. These isolated facts give some small inkling of the problems of mobility.

The conference program concluded with an address by Arthur S. Fleming, Secretary of Health, Education, and Welfare, who placed special emphasis on the importance of the American home and the need for outside agencies and services to take a role supportive to the home.

President's Address

A highlight of the overall Conference program was the opening session when President Dwight D. Eisenhower was the speaker. This was a thrilling occasion for everyone. With the United States Marine Band playing "Hail to the Chief", the President was escorted to the stage by program officials, and instantly that famous, magnetic Eisenhower personality touched everyone in the audience.

The President urged delegates to give consideration to three facts: That this nation is concerned with its most precious resource — its children; that preparation of tomorrow's leaders becomes more difficult in a changing world; that in the context of change the great values and ideals of our nation must not be changed.

I feel compelled to make one observation about nurses at the White House Conference on Children and Youth. Physicians, educators, social workers, church leaders, and youth themselves were much in evidence, but there were few nurses—just as there were few delegates in the role of parents. Nurses who did attend—including the student nurses — made valuable contributions. Dr. Ruth B. Freeman, former president of the National League for Nursing, was a Forum chairman.

Nurses can, however, have a part in the White House Conference by participating in follow-up activities on local, county, and state levels. You will hear more about this follow-up from the county White House Conference committees. Every nurse who has an opportunity to do so should read the pamphlet, "Profile of North Carolina's Children and Youth." It is a compilation of county and state-wide agency studies on progress in the past decade and major unmet needs. This publication, along with the national conference recommendations, will be used as a basis for planning in the next decade to meet the needs of children and youth in this state.

"Profile" was prepared and published by the N. C. Conference for Social Service, which coordinated this state's participation in the 1960 White House Conference on Children and Youth. NCSNA is an agency member of the Conference.

SCHEDULE OF FEES FOR PRIVATE DUTY NURSING IN DISTRICT NURSES' ASSOCIATIONS OF THE NORTH CAROLINA STATE NURSES' ASSOCIATION

Counties	Cities & Towns Reporting	8 Hr. Duty					Hourly Nursing		Specific Treatment Hypo, drugs, etc.		Meals Billed to Patient by Hosp.	Travel Expenses
		G.N.[1]	Obs.[2]	Psy.[3]	C.D.[4]	Nursing 2 pts.	1st Hr.	Each Add'l Hr.	Nurse to pt.	Pt. to Nurse		
District One Buncombe, Henderson, Madison, Mitchell, Polk, Transylvania, Yancey	Asheville, Columbus	$14.00	$15.00	$16.00	$15.00	$20.00	$3.00	$1.50	$3.50	$2.00	None	
District Two Avery, Burke, Caldwell, Catawba, McDowell, Rutherford, Watauga	Maiden, Marion, Newton	14.00	16.00	16.00	16.00	20.00	4.00	3.00	3.00	1.50	None	When nurse goes to another town
District Three Forsyth, Stokes, Surry, Yadkin	Mount Airy, Pfafftown, Pilot Mountain, Walkertown, Winston-Salem	16.00				22.00	3.00	2.00	3.00	3.00	None	7c per mile out of District
District Four Alexander, Iredell	Statesville	12.00	13.00	13.00	13.00	18.00	3.50	2.25	3.00	1.50	None	
District Five Anson, Cleveland, Gaston, Lincoln, Mecklenburg, Union	Charlotte, Pineville	16.00							3.00	1.50	None	7c per mile and other expenses out of District
District Six Cabarrus, Davie, Rowan, Stanly	Albemarle, Concord, Granite Quarry, Salisbury	14.00				20.00	4.00	3.00	3.00	1.50	None	7c per mile outside area for which registered
District Seven Caswell, Rockingham	Reidsville	15.00	16.00	16.00	16.00	22.00	4.50	3.00	3.00	2.00	None	7c per mile from home to hospital out of town

District Eight Northern half of Guilford	Greensboro, Guilford College	15.00				20.00	4.50	3.00	3.00	3.00	None	Expenses out of district
District Nine Davidson, Randolph, Southern half of Guilford	High Point, Thomasville	16.00				20.00	4.00	3.00	3.00	3.00	None	9c per mile from nurses' residence to hosp. if out of town
District Ten Alamance	Burlington	15.00				22.00	3.50	2.25	3.50	3.50	None	Expenses out of District
District Eleven Chatham, Durham, Granville, Orange, Person	Chapel Hill, Durham	14.00				22.00	4.00	3.00	3.50	2.50	None	7c per mile out of District
District Twelve Hoke, Lee, Montgomery, Moore, Richmond	Carthage, McCain, Southern Pines, Troy	14.00	14.00	16.00	16.00	22.00	4.00	3.00	3.50	2.50	None	12c per mile out of District
District Thirteen Franklin, Johnston, Vance, Wake	Raleigh	14.00				24.50	3.50	1.50	1.50	1.50	None	Chgs. made outside limits of city bus service in which registry is located
District Fourteen Cumberland, Harnett, Sampson	Fayetteville	14.00				20.00	3.00	1.75	3.00	1.50	None	Out of town at patient's expense
District Fifteen Bladen, Robeson, Scotland	Fairmont, Lumberton, Maxton, Wagram	14.00	14.00	16.00	16.00	18.00	3.50	1.50	3.00	3.00	None	7c per mile outside area for which registered
District Sixteen Columbus	Lake Waccamaw, Whiteville	14.00	14.00	15.00	15.00	20.00	4.00	3.00	3.00	2.00	None	7c per mile out of District
District Seventeen Halifax, Northampton, Warren	Roanoke Rapids	15.00	15.00	17.00	15.00	22.00	4.50	3.00	3.00	3.00	None	

[1]**General Nursing**
[2]**Obstetrical Nursing**
[3]**Psychiatric Nursing**
[4]**Communicable Disease Nursing**

Schedule of Fees—Continued

Counties	Cities & Towns Reporting	8 Hr. Duty					Hourly Nursing		Specific Treatment Hypo, drugs, etc.		Meals Billed to Patient by Hosp.	Travel Expenses
		G.N.[1]	Obs.[2]	Psy.[3]	C.D.[4]	Nursing 2 pts.	1st Hr.	Each Add'l Hr.	Nurse to pt.	Pt. to Nurse		
District Eighteen Greene, Wayne, Wilson	Wilson	$12.00	$12.00	$12.00	$12.00	$18.00					75c per meal	
	Goldsboro	12.00	12.00	13.00	13.00	18.00	$3.00	$1.50	$2.50		None	
District Nineteen Camden, Chowan, Dare, Currituck, Pasquotank, Perquimans	Elizabeth City Shiloh	14.00	16.00	16.00	16.00	20.00	3.25	2.25			None	10c per mile for out-of-town cases
District Twenty Beaufort, Edgecombe, Hyde, Martin, Nash, Pitt, Tyrrell, Washington	Rocky Mount	13.00				19.50	4.00	2.50			$1.00 per shift	
	Ayden, Greenville	13.00	14.00	15.00	15.00	19.50	4.00	2.75	3.50	3.50	$1.00 per shift	
District Twenty-One Carteret, Craven, Jones, Lenoir, Onslow, Pamlico	Jacksonville, New Bern	12.00				18.00	3.50	3.00	2.50	2.00	One meal (New Bern)	
	Beaufort, Morehead City, Kinston	14.00				21.00	4.00	3.00	2.50	2.00	None	7c per mile out of town
District Twenty-Two Brunswick, New Hanover	Castle Hayne, Wilmington	12.00				18.00	3.50	1.00	2.00	2.00	$1.00 per shift	7½c per mile out of town
District Twenty-Three Cherokee, Clay, Graham, Jackson, Macon, Swain	Franklin	14.00	15.00	16.00	15.00	20.00	3.00	2.00	3.50	2.00	75c per meal in some hospitals	7c per mile out of town
District Twenty-Four Bertie, Gates, Hertford	Ahoskie, Como	14.00				20.00	4.00	3.00			75c b $1.00 l&d	7c per mile expenses out of town
District Twenty-Five Alleghany, Ashe, Wilkes	N. Wilkesboro	14.00				20.00	4.00	3.00			None	7c per mile out of town
District Twenty-Six Haywood	Clyde, Waynesville	14.00	15.00	16.00	15.00	20.00	3.00	1.50			None	7c per mile out of town
District Twenty-Seven Duplin, Pender	Burgaw, Kenansville	14.00				20.00				1.00	None	

[1]General Nursing
[2]Obstetrical Nursing
[3]Psychiatric Nursing
[4]Communicable Disease Nursing

Leadership Workshop Scheduled For July

The Ninth Annual Leadership Training Workshop will be held July 18-21 in Chapel Hill. It is sponsored by the North Carolina Council of Women's Organizations, of which NCSNA is a member, and in cooperation with the University of North Carolina Extension Division.

Sessions will be held on leadership skills, effective speaking, parliamentary procedure, civic responsibility, programs and resources, and world affairs. One afternoon will be set aside for a tour of the State Capitol and sessions on how a bill becomes a law, candidates for governor, and publicity.

Registration fee is $6. Nurses interested in developing their leadership skills through this workshop should contact the State Workshop Director, Mrs. John W. Crawford, 3204 Clark Avenue, Raleigh. Some district associations may wish to underwrite the cost of a district officer's attendance.

Talking Over Plans for New Collegiate Nursing School

Mrs. Eva Warren, NCSNA treasurer, recently was appointed dean of the new school of nursing at East Carolina College. She is shown here discussing plans for the new school with Dr. Leo Jenkins, president of the college. Mrs. Warren officially began her new duties June 1. The school of nursing will open this fall and will be staffed with four assistant professors in addition to the dean and a secretary. It will be Eastern North Carolina's first collegiate school of nursing. Mrs. Warren previously was educational director at Watts School of Nursing in Durham.

Code for Professional Nurses

Professional status in nursing is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, co-workers, and the profession of nursing.

The following statements constitute a guide for each individual nurse in fulfilling these obligations:

(Responsibility to the public)

1. The fundamental responsibility of the nurse is to conserve life, to **alleviate suffering***, and to promote health.
2. The nurse provides services based on human need, with respect for human dignity, unrestricted by considerations of nationality, race, creed, color, or status.
3. **The nurse does not use professional knowledge and skill in any enterprise detrimental to the public good.**
4. The nurse respects and holds in confidence all information of a confidential nature obtained in the course of nursing work unless required by law to divulge it.
5. The nurse as a citizen understands and upholds the laws and performs the duties of citizenship; as a professional person the nurse has particular responsibility to work with other citizens and health professions in promoting efforts to meet health needs of the public.

(Responsibility to the profession)

6. **The nurse has responsibility for membership and participation in the nurses' professional organization.**
7. **The nurse participates responsibly in defining and upholding standards of professional practice and education.**
8. The nurse maintains professional competence and demonstrates concern for the competence of other members of the nursing profession.
9. The nurse assumes responsibility for individual professional actions and judgment, both in dependent and independent nursing functions, and knows and upholds the laws which affect the practice of nursing.
10. **The nurse, acting through the professional organization, participates responsibly in establishing terms and conditions of employment.**
11. The nurse has the responsibility to participate in study of and action on matters of legislation affecting nurses and nursing service to the public.
12. The nurse adheres to standards of personal ethics which reflect credit upon the profession.
13. The nurse may contribute to research in relation to a commercial product or service, but does not lend professional status to advertising, promotion, or sales.
14. Nurses or groups of nurses, who advertise professional services, do so in conformity with the **dignity** of the nursing profession.

(Responsibility to allied workers)

15. **The nurse has an obligation to protect the public by not delegating to a person less qualified any service which requires the professional competence of a nurse.**
16. The nurse works harmoniously with, and sustains confidence in nursing associates, the physician, and other members of the health team.
17. The nurse refuses to participate in unethical procedures and assumes the responsibility of exposing incompetence or unethical conduct in others to the appropriate authority.

* 1960 revisions in bold type.

1960-62 Platform
American Nurses' Association

Preamble

The American Nurses' Association is an organization of registered professional nurses. Its purposes are to: foster high standards of nursing practice, promote the professional and educational advancement of nurses, and promote the welfare of nurses to the end that all people may have better nursing care. In working toward these broad objectives in 1960-62 the association will:

1. Conduct and promote research, studies, and programs designed to advance nursing knowledge and to improve nursing practice and nursing service.
2. Continue the study, definition, and implementation of functions, standards, and qualifications for practice in each area of nursing.
3. Improve nursing care by promoting the recruitment of competent nursing personnel and the more effective utilization of the professional knowledge and skill of nurses.
4. Continue to elevate the standards of nursing education by formulating basic principles of the education essential for effective nursing practice.
5. Promote state laws that provide for mandatory licensure for the practice of professional nursing and for the licensure of practical nurses.
6. Promote legislation that will provide public funds for scholarships, research, and programs for continued improvement in nursing education.
7. Continue to promote desirable social legislation, including those labor measures which will benefit nurses.
8. Assist nurses to improve their working conditions through strengthening economic security programs, using group techniques such as collective bargaining.
9. Promote the inclusion of nursing service as a benefit in prepaid health insurance plans.
10. Encourage the development of group and individual insurance plans to provide protection for nurses against the physical and economic risks of life.
11. Encourage full participation of all members in association activities and work to eliminate discrimination in employment and educational opportunities for nurses.
12. Provide professional counseling and placement service for members.
13. Encourage the effective operation of nurses' professional registries.
14. Work with appropriate private and public groups to meet the health needs of the country, including provision for health service in time of emergency.
15. Further the development of the nursing profession by improving the structure and functioning of the ANA and by cooperating with allied national organizations.
16. Support the United Nations and its specialized agencies, particularly the World Health Organization.
17. Support and promote the program of the International Council of Nurses including its plan for the international exchange of nurses.
18. Promote international good will and mutual aid among nurses by cooperating with public and private agencies in the United States responsible for international programs for professional personnel.

ANA Convention Report

May 2-6, 1960 Miami Beach, Florida

North Carolina was well represented at the American Nurses' Association biennial convention held early in May at Miami Beach, Florida — in general attendance, in program participation, and in election to leadership roles for the next two years.

Some 160 Tar Heel nurses attended the convention, 25 of them official NCSNA delegates and about 40 official alternates. Total registration for the convention was 6,460. There were 80 meetings. It's fairly safe to say that at least one North Carolina nurse probably attended each of them.

We had some fun, too. Many took some of the tours available at this resort city and participated in the social activities of the various hotels where they were guests. Some even got as far as the beach and had sunburns to prove it.

NCSNA is very proud that seven members participated in convention programs. Mrs. Margaret B. Dolan was one of the principal speakers at the general program session on legislation. Thelma Ingles of Duke spoke to the Private Duty Section, and Mrs. Eloise Lewis spoke to the Head Nurses Branch. Four were panel participants: Barbara Bernard of Chapel Hill, at a program meeting of the Psychiatric Nurses Conference Group; Ruby Dameron of Charlotte, Office Nurses; Helen E. Peeler of Raleigh, Private Duty Nurses Section and Registrars Branch; and Mary Vida Cheek of Chapel Hill, General Duty and Private Duty joint meeting.

Gladys Shorrock, president of the Student Nurses Association of North Carolina, was a panel participant at a general program meeting of the Na-

TAR HEEL NURSES basking in the Florida sun gathered for this group picture between meetings of the ANA convention. A number of North Carolina nurses were busy with meetings and other appointments and did not get in the photo. About 160 nurses from this state attended.

tional Student Nurses' Association. Martha Adams, NCSNA president, served on the ANA convention Committee on Resolutions.

Alma Kermon served on the ANA Office Nurses Section Executive Committee during the convention, having been appointed second vice-chairman of the section last Fall to fill an unexpired term. Miss Kermon was elected to this office for 1960-62, and two other NCSNA members were elected to their section Committees on Nominations. They are Anne Pleasants White, Charlotte (EACT) and Helen E. Peeler, NCSNA associate executive secretary and counselor (Special Groups).

In the following section of this issue are some of the highlights of the ANA convention programs and business sessions.

ANA Officers

Our own Margaret Baggett Dolan of Chapel Hill is new second vice-president of the American Nurses' Association.

Mrs. Dolan won the office for a two-year term in spirited elections during the recent Miami Beach convention. She recently has added other feathers to her cap — she was elected president of the American Journal of Nursing Company and was a speaker at the ANA convention program session on legislation. A past president of NCSNA and former chairman of the ANA Public Health Section, she is chairman of the Department of Public Health Nursing, University of North Carolina.

NCSNA also is proud of three other members elected to ANA section offices. Alma Kermon of Raleigh was elected second vice-chairman of the Office

Nurses Section; Anne Pleasants White of Charlotte was elected to the Committee on Nominations for the Educational Administrators, Consultants, and Teachers Section; and Helen E. Peeler of Raleigh was elected to the Committee on Nominations of the Special Groups Section.

Following are results of ANA elections for 1960-62:

President, Mathilda Scheuer, Pennsylvania; first vice-president, Mary C. Walker, Colorado; second vice-president, Mrs. Margaret B. Dolan, North Carolina; third vice-president, Mrs. Georgia B. Nyland, Indiana; secretary, Julie M. Carnahan, Louisiana; treasurer, Louise Alcott, Arizona.

Directors—Agnes E. M. Anderson, Pennsylvania; Olive M. Klump, California; Sister Maureen, Hawaii; Elizabeth K. Porter, Ohio.

Committee on Nominations—Bertha G. Byrne, Oregon; Helen C. Hanson, Minnesota; Odie Faye Pace, Texas; Lucille S. Spalding, Missouri.

Section chairmen—Educational Administrators, Consultants, and Teachers Section—Jo Eleanor Elliott, Colorado; General Duty Nurses Section—Evelyn C. Anderson, Michigan; Institutional Nursing Service Administrators Section — Edward G. Benz, Pennsylvania; Occupational Health Nurses Section — Mrs. Frances B. Feile, Illinois; Office Nurses Section — Thelma G. Koontz, Indiana; Private Duty Nurses Section — Mrs. Eva E. Hansen, Oregon; Public Health Nurses Section — Alberta B. Wilson, Minnesota; Special Groups Section — Mrs. Anne Zimmerman, Illinois.

Actions of the ANA House of Delegates:

Economic Security

Adopted a resolution calling for immediate and continuing action by ANA to obtain compulsory social security coverage for all nurses in all types of employment but "without impairment of existing or future pension or retirement plans." Adopted a resolution directing the ANA Board of Directors to undertake and provide funds for a strong public information campaign for the Economic Security Program. Such campaign would stress the shortage of nurses, low salaries, and unsatisfactory employment policies as contributing factors and would make use of major communication media. ANA is directed to provide to state associations additional promotional and public relations materials and methods for publicizing the Economic Security Program and to seek support and cooperation of other national associations and individuals, including health, welfare, education, business, industry, and government, for development of the Economic Security Program.

Platform

Adopted a Platform for 1960-62 which points up goals and provides a guide for action during the coming biennium. A new plank calls for ANA to "continue to elevate the standards of nursing education by formulating basic principles of the education essential for effective nursing practice." The important role of education is emphasized in another plank requesting support for legislation to provide public funds for scholarships, research, and nursing education improvement programs. (1960-62 Platform appears in full on page 27.)

Bylaws

Amended Bylaws to provide for election of delegates to ANA conventions by secret ballot (to comply with Labor Management and Reporting Act of 1959).

Committees

Created standing committees on Ethical Standards and on Professional Counseling and Placement Service and outlined their functions.

Health Insurance

Reaffirmed the position of ANA, stated in action of the 1958 House of Delegates supporting the principle of extending and improving contributory social insurance to include health benefits for recipients of old-age, survivors, and disability insurance and to include nursing services as a benefit of any health insurance program.

Code

Amended the Code for Professional Nurses to include the concepts that the nurse has responsibility: to protect the public from abuses brought about through misuse of professional knowledge or skill; for membership and participation in the nurses' professional organization; to participate in defining and upholding standards of professional practice and education; to participate in establishing terms and conditions of employment; to protect the public by exercising professional judgment carefully in the delegation of nursing tasks. (New Code appears in full on page 26).

Practical Nurses

Adopted a resolution calling on the ANA Board of Directors to increase efforts for achieving a "clear understanding of the relationships between the functions and roles of professional and practical nurses in order to insure the most effective utilization of nursing personnel."

Clinical Practice

Adopted a resolution reaffirming the principle that planning programs for improving nursing practice is the proper activity of ANA and SNAs and calling on ANA to give more practical assistance to SNAs in developing programs designed to improve clinical practice.

Highlights of General Program Sessions

Four general program sessions dealt with professional education, research, legislation, and international responsibilities.

The keynote address was made by Dr. John Allen Krout, vice-president of Columbia University, who spoke on "Professional Education and the Humanities". Pointing out that only one in seven student nurses is now enrolled in a baccalaureate program, Dr. Krout said, "Here lies the greatest opportunity to improve professional competence and performance."

He emphasized that he was not advocating an expanded curriculum in which more non-professional subjects would be required, but urged that "we try to fix our attention, whatever we teach and however we teach it, on the dignity of the human spirit". Dr. Krout urged ANA to establish a long-range program of intelligent observation, critical investigation, integrity, and dedicated service.

"Professional education does not end in the university or technical school," he said. "There is nothing more de-

structive than the trained mind, if it be separated from the deeper values and responsibilities of life."

Research

At a second general program meeting, a panel discussed the use of research findings in providing better care for the patient. Purpose of this program was to emphasize that certain research principles can be applied in any nursing situation, and the panel demonstrated the point by staging a "staff conference" to discuss the immediate and long-term nursing needs of an actual patient.

Amy E. Viglione, chairman of the ANA Committee on Research and Studies, presided. She said, "Two activities are of utmost importance to the implementing of the long-range goal on research. One activity is the development of a corps of nurses with research competency, while the other is the encouragement in all students and practitioners of nursing an intellectual curiosity and a spirit of critical inquiry." She urged constant study of available literature to keep up with what is going on in nursing and allied fields, utilizing this knowledge in improving practice, and seeking answers to current questions to add new knowledge to the literature.

"Social Legislation and Nursing Practice" was the subject of a general meeting at which four experts outlined the history of ANA legislative efforts, the current legislative program, and the principles governing the association's efforts in this area.

Social Legislation

Charles I. Schottland, dean of the Florence Heller Graduate School for Advanced Studies in Social Welfare, Brandeis University, reviewed the philosophy and development of social legislation in the United States. He listed various examples of social legislation which have bettered mankind, such as public health services and the Social Security Act. He said major interest today centers around medical care for the aged, pointing out that while we have the highest standards of medical care in the world, the ability of people to purchase it is another problem.

Dr. Schottland declared that a federal insurance program is the only answer. Such a program already is functioning in every other industrialized country in the world, he said.

Josephine A. Brandt of Illinois, member of the ANA Committee on Current and Long-Term Goals, discussed "Licensing Legislation". She said its purpose is "to protect the health of the people by establishing minimum standards which qualified practitioners must meet." She defined "permissive licensure" as the protection of title and status but not the prohibition of unsafe practice.

Plan of Action

Responsibility for promoting sound licensure legislation belongs to the state association, she said, and it takes time and money. She advised that a plan of action cover at least a two-year period and include a budget that allows for several committee meetings, for consultant services, and for a public relations program.

Mrs. Margaret B. Dolan of Chapel Hill, member of the ANA Committee on Legislation, spoke on "Public Funds for Nursing Education", urging ANA to strengthen its fight to obtain public funds for this purpose. She declared: "The public has not accepted its responsibility to invest in the preparation of a group giving an essential service. Through donations or tax funds, the public bears about half the expense of all other forms of higher education but contributes only seven per cent of the cost of nursing education.

"The most striking characteristic about nursing education is that from the beginning it has been outside the domain of our general educational institutions. The nursing student traditionally — and to a great extent to-

day — pays for her training through the service she renders . . . Only when we break away from this heritage of 'service for education' and nursing education becomes a part of our general educational system will we solve some of the major difficulties facing the nursing profession today."

She urged the profession to accept the concept of two types of nursing—professional and technical, with the basic preparation for professional nursing provided at the baccalaureate level and the basic preparation for technical nursing at the associate degree level in community or junior colleges. (Full text of Mrs. Dolan's address begins on page 46.)

Equal Citizenship

"Legislation Affecting the Economic Security of Nurses" was discussed by Mrs. Matilda Young, Seattle, Wash., member of the ANA Committee on Economic and General Welfare. She said: "The time has come for nurses to take a long stride toward achieving equal citizenship in the American economy. Nurses have been exempted, excluded, and rejected in the social and labor legislation which has marked some of the most significant changes in

SOCIAL LEGISLATION and Nursing Practice was the subject of a general program meeting where Mrs. Margaret B. Dolan, chairman of the Department of Public Health Nursing, University of North Carolina School of Public Health, was one of the featured speakers. Third from left, Mrs. Dolan is a past president of NCSNA, currently chairman of the NCSNA Committee on Professional Practice, and now second vice-president of ANA. Shown left to right: Dr. Charles I. Schottland, Brandeis University; Mrs. Louise A. Meyer, chairman of the ANA Committee on Legislation; Mrs. Dolan; Mrs. Matilda Young, member of the ANA Committee on Economic and General Welfare; and Josephine Brandt, director of nursing, Lutheran Hospital, Moline, Ill.

the American social system since the 1930's."

She urged immediate steps to assure nurses of: Full coverage under Title I of the Federal Social Security Act; unemployment insurance under the same terms enjoyed by other employees; workmen's compensation; work standards to insure health, safety, and working conditions compatible with the present era; freedom of association and freedom to organize, without fear or intimidation, for the purpose of collective bargaining.

"Stranger in our Midst" was the subject of an address at ANA's international program by Alice C. Sher, assistant general secretary of the International Council of Nurses. Herself a refugee nurse from Latvia, Miss Sher urged ANA members to be active participants in welcoming refugee nurses into the family of nurses. She said the nursing profession has done more than any other profession for its members internationally.

She said the ultimate aim of World Refugee Year is liquidation of camps and resettlement of every refugee. She outlined the program of the Department of Information on Professional Qualifications of ICN and discussed some of its problems in maintaining a register of qualified nursing personnel who are displaced persons, in assessing the credentials of refugee nurses, and in giving professional advice to these refugees.

Section Program Meetings

Educational Administrators, Consultants, and Teachers Section

A panel of experts examined the question, "Education for What?", at a program meeting of EACT Section. Dr. Leo W. Simmons, executive officer, Institute of Research and Service in Nursing Education, Teachers College, Columbia University, urged medical leadership "to examine systematically and aid professionally the ways and means by which medical practice fails to keep pace with changes in the social order."

He cited six broad changes which have at least an indirect bearing on staff-patient relationships: population mobility, general sophistication, commercialization of the professions, shifts in age composition and disease prevalence in the population, changes from a religio-philosophical toward a scientific orientation, and growth and spread of organized pressure groups. He declared there is a substantial lag between what is actually done for patients and what could be done by the use of the full medical potentials.

Eleanor C. Lambertson, Council on Professional Practice, American Hospital Association, defined the professional role of the practitioner of nursing as a "dynamic, therapeutic, and educative process in meeting the health needs of society." She said nurses, as employees of health institutions, are increasingly influenced by controls of the employing institution. In a majority of these institutions, the changing role of the professional nurse is that of coordination and control of nursing services, rather than that of direct services to clients. "Increasingly the professional nurse delegates to others responsibility for direct services and works with and through others to insure that minimum standards are achieved," she said.

She emphasized that nursing has a unique, independent function which is distinctive to nursing and stressed its significance as a "therapeutic-educative relationship."

Communication skills and their challenge to nursing was discussed by Marguerite E. Kakosh, assistant professor

of Rutgers University College of Nursing. She warned that all communication is not verbal and defined it as "a two-way symbolic process which makes a bridge, primarily between two persons." Communication is not achieved, she said, until "the recipient has received the intended message from the transmitter and has integrated the information well enough for him to act upon it."

She advocated closer attention in the basic education program to developing precision in observing, recording, speaking, listening, reading, and writing; teaching communications more broadly, using all contemporary mediums; searching out ways to develop in nurses an explicit awareness of the subtleties of non-verbal communication; and helping students to achieve for themselves a richer understanding of how they communicate with others.

Mary Maher, dean of the University of Massachusetts School of Nursing, said that "progress has not kept pace with the need for curriculum reconstruction which will provide for the teaching of behavorial sciences and inter-personal relations skills." She cited examples of schools of nursing which have made efforts to broaden student understanding of human behavior and the effects of the nurse's own attitudes on total nursing care.

Nurses as Leaders

The final speaker at this program meeting was Mildred E. Newton, director of the Ohio State University School of Nursing, who emphasized that graduate nurses must be trained to be leaders. Pointing out that collegiate schools offering both basic and general nursing programs have had the enrichment of university offerings and associations, she said "the public has a right to look to the universities for leaders in all fields."

At a joint program meeting, EACT and Institutional Nursing Service Administrators Sections heard a panel of speakers on "Continuing Development of the Professional Nurse." Frances Purdy, director of nursing at Beekman - Downtown Hospital, New York City, said this is a time for defining, setting criteria, and evaluating, a process that can result in recognition of the various segments of the occupation of nursing—the professional, the technical, and the auxiliary.

"It is a time to look at what the long-established professions assign to their practitioners and to their auxiliaries, a time to imitate or to adventure judiciously," she said. Miss Purdy outlined the qualities of a successful head nurse and questioned why the head nurse can't delegate some of the more routine functions in order to give skilled care herself to the acutely ill.

Collegiate Education

Julia Hereford, dean of the Vanderbilt University School of Nursing, spoke on "Collegiate Education for the Head Nurse", warning that we must not assume that a nurse is prepared to be a head nurse upon graduation from a collegiate program, nor must we expect everyone to be a head nurse. "The goal of the baccalaureate program is to provide a broad base for practice, for leadership, or for graduate study," she said. "The graduate may progress into head nursing after experience and because of abilities, skills, and interest."

She said the general education courses of a baccalaureate program give the nurse understanding of scientific principles and underlying behavior, both as a base for depth in nursing and for working with people. The nursing laboratory and hospital nursing care practice can be planned to give her more complex experiences which develop her organizational skills, her nursing skills, her judgment, and her knowledge, and all these will help the nurse assume the head nurse position.

"Continuing Education for Head Nurses" was discussed by Jo Eleanor

Elliott, nurse consultant for the Western Interstate Commission for Higher Education. She said: "Every professional person needs continuing stimulation to encourage professional growth." These resources were listed for continuing education of the nurse: nearby colleges, extension service, nearby hospitals, secondary schools, resource people in the community, and correspondence courses. She emphasized that continuing education must be a part of the nurse's work and that the employing institution must allow time for this activity. "What happens after the workshops and institutes?" Miss Hereford asked. The nurse needs someone with whom to talk over what she has learned, why it is or is not being used. In this way she relates what she has learned with her job performance.

Eloise M. Lanford, general medical and surgical nursing specialist for the Veterans Administration, discussed the hospital climate which provides for research while maintaining safety and attention to human needs. "There is a direct relationship," she said, "between the amount and quality of human performance and the administrative climate in which the work is accomplished." Friendly inducement to learn and apply learning, to investigate, evaluate, and experiment, are a part of and not apart from administrative planning, she declared. "The hospital nursing staff which demonstrates an experimental attitude toward problems, which is able and willing to provide learning experiences in scientifically studying problems, and which engages all concerned in critical thinking and analyses is doing much to develop the means of meeting the challenges of the future."

General Duty Section

Clarification of the Functions of the Professional Nurse and of Allied Nursing Personnel was the subject of a joint General Duty and Private Duty Section program meeting. Speakers were Elsie Palmer, assistant director of nursing education and nursing service for the New York City Department of Hospitals, and Dr. Helen Creighton, associate professor at the College of Nursing, Southwestern Louisiana Institute, Lafayette, La. Mary Vida Cheek, director of nurses at North Carolina Memorial Hospital in Chapel Hill, was a member of the listening panel for this meeting.

Teaching

Miss Palmer emphasized that expanding functions of the nurse include teaching, which requires helping to plan learning experiences for allied nursing personnel. While the patterns of delegating nursing functions will vary with the size of the hospital, type of patient, number and qualifications of personnel, she said, three functions will overlap in all situations—in-service education, interpersonal relationships, and communications. She stressed the importance of personal supervision in in-service programs to evaluate performance and behavior and to encourage improvement.

"Increasingly it is the responsibility of the professional nurse to establish and maintain good interpersonal relationships," she said. "The practical nurse and the aide learn skills in human relations by observing the behavior of the professional nurse every day on the job." She emphasized that the major responsibility of the professional nurse remains that of direct care of the patient, stating: "As long as nurses cling to this function, professional nursing will not perish, and the patient will never be shortchanged."

Dr. Creighton declared that "as the doctor has a human life in his hands, the protection and care of the human personality is in the hands of the nurse." She said: "Nurses are doing more and more procedures which were formerly done only by doctors, and at times they may find themselves breaking the law. It seems generally true

SOCIAL HOUR for office nurses finds Alma Kermon, extreme right, visiting with other section members. Miss Kermon served as second vice-chairman of the Office Nurses Section throughout convention and was elected for a two-year term in that office. Third from left is Thelma Koontz, Indiana, chairman of the Section.

that a nurse's work is outgrowing the legal definition of it."

She observed that the practical nurse is here in numbers and here to stay and discussed the questions of who is legally responsible for functions of the health team. The speaker noted that the professional nurse remains legally accountable if the person she assigns is not qualified to carry out the delegated activity. She said any member of the health team would be well advised to refuse to perform a function or procedure for which she has not been properly trained. Although the professional nurses' association has defined functions and standards, these must have the powerful backing of the whole profession to be effective.

To clarify functions, Dr. Creighton recommended: Study of the disparity between actual and permitted practice, and obtaining a statement from the state medical society as a declaration that some new nursing function or procedure does not impinge on the physician's work and that the medical society would not try to indict a nurse if she performed such a function under a doctor's orders but not under his supervision.

She called attention to implications for the nurse educator, who has the responsibility of preparing nursing students for the functions nurses are performing. Dr. Creighton described the "new kind of professional nurse" who plans and works with the physician for the care of the patient, who preserves for herself the strictly nursing functions, and who delegates to others what they can adequately perform.

At another program meeting General Duty nurses joined with the Office Nurses and Private Duty Nurses Sections to hear three experts discuss

current concepts of comprehensive care in malignancies. Mrs. Edith S. Wolf, associate director of nursing, Memorial Cancer Center, New York, discussed nursing care of cancer patients and told her audience nurses must develop a high threshold of suspicion where cancer is concerned. She pointed out that nurses have the best opportunities to find early cases of cancer because they meet people constantly.

Mrs. Wolf said the nurse's attitude toward the disease is one of the most potent factors in caring for cancer patients, and she urged nurses to develop a healthy, positive attitude toward cancer.

Dr. A. R. T. Denues, acting director of the Sloan-Kettering Institute and a research scientist, gave a review of research in cancer. To distinguish between basic and applied aspects of research is to obscure the total research picture, he said. The current broad attack on the disease has two aspects: To systematically gain understandings using modern research tools, and to chance upon observations bringing major strides. He said the nurse is in a position to cultivate understandings that can support necessary research.

Emphasis on the spiritual values which play a major part in the care and treatment of cancer patients was made by Dr. Warfield M. Firor, associate professor of surgery at Johns Hopkins University. He said nurses have a vital role to play with their sympathetic encouragement. In allaying anxiety, the assurance given by a nurse can be more effective than tranquilizers.

Head Nurses Branch

Two program meetings were held for the Head Nurses Branch of the General Duty Section. A talk by Audrey Logsdon, chairman of the Head Nurses Branch, and a panel discussion were based on functions, standards, and qualifications for head nurses. At a second program, Mrs. Eloise Lewis, associate professor of medical-surgical nursing at the University of North Carolina School of Nursing, spoke on "Coordination with Foresight."

Miss Logsdon discussed the head nurse's role in planning to meet total nursing needs for patient care. The head nurse must create a sensitivity in her staff to patient needs and resources and must encourage recognition of the patient as an individual, the speaker said. Helen Hennesey, a head nurse and secretary of the Institutional Nursing Service Administrators Section, discussed the role of the head nurse in supervising all nursing activities directly and indirectly related to patient care. The role of the head nurse as "promoter and practitioner" was discussed by Mrs. Mary Burtis, Oregon. She outlined six areas of responsibility for the head nurse: Promoting improved patient care; giving direct patient care when advisable; su-

HEAD NURSES heard Mrs. Eloise R. Lewis, associate professor of medical - surgical nursing, University of North Carolina School of Nursing, speak on "Coordination with Foresight" at their ANA convention program meeting.

pervising the execution of physician's orders; accurate reporting and recording of patient's symptoms, reactions and progress; promotion and participation in patient education and rehabilitation; interpretation of community resources available for continuity of patient care.

Mrs. Lewis told head nurses they individually and collectively have not only the current power but also the potential strength to effect significant improvements in patterns of patient care of tomorrow. She said the functions, standards, and qualifications head nurses have set for themselves help to give direction, but these must be considered in relation to the practical reality of nursing today.

Leadership Qualities

She outlined these qualities of a good leader: Understanding one's own behavior, understanding the work to be done, caring about the work, adequate preparation for the work, and understanding the meaning of working together. "Nursing care of patients is big business today," she said, "and leadership by head nurses is much in demand. The head nurse should be the master practitioner, should develop creative abilities and interests outside her profession, and should study and share professional literature. She cannot adequately fulfill the needs of the patient unless she receives outside the profession spiritual, cultural, and self development. The head nurse has a great stake in the world of tomorrow in patient care. Statesmanship is needed — not comradeship."

Mrs. Lewis listed five guideposts for successful coordination by the leader, the head nurse: Leading the group toward the common goal of the best possible service to the patient; creation of the proper emotional climate in which those around the head nurse can grow; recognition of the contribution of each worker; recognition of the influence of changing patterns in medical care; understanding the interdependence of all the health services so as to evaluate the needs of the patient and mobilize all hospital resources to meet these needs.

Institutional Nursing Service Administrators Section

"Research: from Ivory Tower to Patient Care" was the subject of an INSA Section program meeting at which Mrs. Apollonia O. Adams, chief of the Division of Nursing Resources, USPHS, moderated a panel featuring role-playing. The panel pointed out the importance of using research studies available and adapting them to one's own nursing situation. The problem considered by the panel concerned defining functions and activities of nursing personnel in an effort to solve patient care problems.

Participants demonstrated the difficulty encountered when administrative nurses are reluctant to assume responsibility for providing definite leadership. The research consultant pointed out the need for administrative people to "look down from the ivory tower—to look, to listen, and to learn."

Michael J. Brennan, physician-in-charge of the Oncology Division of Henry Ford Hospital, Detroit, spoke on "Service to Mankind" at a second INSA program session. "If there is to be health in us," he said, "we need to be aired in the open light of the real world of existing things, to get out of the city of man and into the city of God." He stated that machine-designed societies, whether totalitarian or geared to a high standard of living put "no value whatsoever" on the individual. Until recent times Western civilization has defended itself against the mechanized society because it valued not only the usefulness of the individual but also his own dignity and rights.

The speaker called for "regular ablutions of contemplation" and confi-

dence in oneself to again be prepared to give true service to one's fellowman.

Occupational Health Nurses Section

"Seeing Ourselves as Lawyers See Us" was the subject of the general program session held by the Occupational Health Nurses Section. Speaker was Mrs. Grace Barbee, staff attorney for the California State Nurses' Association. Mrs. Barbee said that aspects of the law are inextricably interwoven with the practice of nursing as with the practice of medicine. The nurse is responsible for her own acts, and since laws vary from state to state, the nurse should be aware of the provisions of the nursing practice act in her own state.

She predicted that the use of radioactive materials in industry will affect industrial medicine and nursing and cautioned that nurses must meet these problems as they arise. Touching on another legal aspect of nursing, Mrs. Barbee said when a nurse gives first-aid beyond an emergency, in effect the nurse is forfeiting her legal protection. In discussing malpractice insurance, the speaker said that an estimated 14 per cent of members of the American Medical Association are involved in such suits each year, and about 40 per cent of these cases are decided in favor of the defendant. She concluded that doctors have their own problems in this area and can do little to protect nurses, who themselves must be responsible for their own acts.

Office Nurses Section

Clare Richmond, nursing consultant of American Cancer Society told the ANA Office Nurses Section at a program meeting that its members have exceptional opportunities to teach because their function involves not just patients and families but physicians, other nurses, allied workers, and the community itself.

She said the "hand maiden" of yesterday has been transformed by better education, increased prestige, and self-confidence into the doctor's partner on the health team. "The nurse can play a major role in upgrading the total effectiveness of the patient's care in the doctor's office if she increases her skills in techniques, her understanding of disease processes, and her sensitivity to the psychological factors involved."

Miss Richmond stated that the office nurse's usefulness can be "most significant" in the teaching capacity as she interprets and reassures patients in the course of disease, recovery, and rehabilitation. "If one notes that learning has taken place, one can be assured that effective teaching has been carried out," she said. "Office nurses have a real opportunity to make a significant contribution to the improved health of many people if they recognize that teaching is one of their functions and learn how to carry out this function in the most productive way."

Private Duty Section

At a joint program meeting with the Registrars Branch (Special Groups Section) Private Duty nurses heard a discussion of "Relationships in the Registry Program" by four nurses: Mrs. Julia O. Crose, executive secretary and registrar of a district association in Washington; Mrs. Lily E. Naylon, president of Pennsylvania State Nurses' Association and member of the ANA Committee on Nurses' Professional Registries; Helen E. Peeler, associate executive secretary and counselor of NCSNA; and Mrs. Irene Schaffer, chairman of the St. Paul, Minn., District, Private Duty Nurses Section.

Mrs. Crose described the activities of the state PC&PS office and its relationship with the registry, and Mrs. Schaffer told how nurses in Minnesota surmounted obstacles in establishing a district registry.

Miss Peeler reviewed standards and the relationship of the professional

ALMA KERMON'S PUPPETS, Misses F S & Q, made a big hit at the business meeting of the ANA Office Nurses Section, which featured a report of the Section's Committee on Functions, Standards, and Qualifications. Miss Kermon's versatility no longer surprises anyone in North Carolina, but ANA office nurses were charmed with her original hand puppets. They were dressed in nurse uniforms and caps and were used to show how appropriate functions, standards, and qualifications add up to good nursing practice.

registry to the SNA and SNA Private Duty Section and pointed out that the ANA Platform sets the ideals for professional registries. These have been established to guarantee safe nursing care for the public and to serve nurses as well. ANA's registry manual details the registry responsibility, standardizes procedures, encourages optimum implementation of functions, standards, and qualifications, she said.

Miss Peeler outlined responsibilities of the SNA Private Duty Section in the area of registries to promote: establishment of professional registries in all DNAs or local areas, implementation of FS&Q statements for private duty nursing, use of evaluation forms by the registry, cooperation between the professional registries and the state PC&PS, implementation of employment standards approved by the Private Duty Section, promote workshops and institutes for Private Duty Section officers, registry committees, and registrars.

She discussed ways in which the PC&PS counselor works with registries, registrars, and private duty nurses in the use of PC&PS biographies for registrants, in making recommendations to the registry committee and DNA Board concerning registrants who do not meet registry requirements, and in counseling with the registrar and private duty nurses.

Mrs. Naylon described duties of the district registries and cited some of the activities undertaken by registries in

Pennsylvania. Among these was publication of a brochure explaining for the public the differences between the registered and the licensed practical nurse and the situations when each should be called. She urged the group to keep up-to-date and to sponsor workshops for registrants.

Prognosis Good

In another program meeting private duty nurses were told that the prognosis for the future of private duty nursing practice is excellent. Speakers were Thelma Ingles, director of the Master of Science in Nursing program at Duke University, Durham, and Barbara Schutt, editor of the *American Journal of Nursing.* Both, however, stressed the urgency of improving practice if private duty nurses are to achieve their potential.

Miss Ingles pointed out the nostalgia now prevalent for the old-time hospital and said the public is shouting its concern and alarm over current hospital conditions. She said if we are to "free the nurse to nurse," others must be trained to take over some of the duties nurses have absorbed. She described the private duty nurse of the future as: conversant with medicine, able to understand and contribute to the goals of diagnostic and therapeutic procedure, sensitive to patient behavior, cognizant that family care is an integral part of patient care, able to function with all persons contributing to patient care. The private duty nurse will fit into the picture as the clinical specialist.

Miss Ingles said intensive nursing units have been developed in hospitals because patients could not afford private duty nursing and because many private duty nurses fail to keep up with changes in medicine and nursing practice. She expressed the hope these are interim units, and said that ideally the nurse would be moved to the patient, rather than the patient to the nurse, with the nurse being both generalist and specialist.

Some nurses, by criticizing the new, feel safer with the old, she stated, and some even learn the vernacular of the new but not enough about it to meet the needs of the patient. "We can no longer depend on the education of our schools of nursing," she said. "We must have continuing education, and the nurse of the future must give truly therapeutic nursing care to the patient.

Miss Schutt pointed out that private duty nurses know better than any others how to use the professional organization. Research shows that private duty nurses believe more strongly than any other patient-side nurses in belonging to the professional organization. She reviewed the history of the ANA Private Duty Section, noting that 50 years ago private duty nurses held their first meeting under sponsorship of ANA.

The speaker advised her audience to stop worrying about numbers and to start worrying "about those in private duty who should not be there." The section has not used to best advantage its right to control admissions to the registries, she said, and some nurses go into private duty practice who are not accepted elsewhere. Private Duty nurses must improve their professional education, she declared, and they need local organization, time to experiment, and effective leaders and spokesmen.

Miss Schutt noted that private duty nurses have gained more in economic security during the past 10 years than in the first 40 years of their group association. She predicted that in the future the source of income may well shift from the patient to insurance companies because of the present national mood for more health protection

under voluntary or contributory plans. Private duty nurses must gear themselves to using the professional association for collective bargaining the same way the medical associations now do with insurance companies.

Cautioning the group that their independence has responsibilities, she said that if private duty nurses could combine their independence and skills with the intellectual discipline which comes from formal education, private duty can be a major field for the expert practitioner.

Public Health Nurses Section

Esther E. Lipton, regional advisor in Public Health Nursing, Pan American Sanitary Bureau, World Health Organization, told public health nurses of the importance of the nurse in the work of WHO. She said emphasis on nursing has been evident from the beginning of the organization, when it was decided that nurses capable of assuming leadership positions in administration and teaching would be vital to the success of any health services.

In outlining the activities of the WHO public health consultant, Miss Lipton stressed that her accomplishments "depend on her own professional preparation and attitude as well as on the educational background and professional preparation of the national nurses with whom she is to work." She emphasized the acute shortage of nurses and the lack of facilities for training them in underdeveloped countries, and in 1945 there were still several countries without a single school of nursing.

Stressing the WHO objective of "attainment by all peoples of the highest possible level of health," the speaker said that WHO seeks to cooperate with member countries so that the evolutionary process of development will yield the best results without the need for periods of trial and error which have characterized development in the past.

At a second program meeting, highlights were discussion of contrasting professional attitudes toward mental retardation and demonstration of the case conference technique or team approach to lending support to the home care of retarded children and their families. Dr. Edward Wellin, field director of study of behavioral sciences for the American Public Health Association, told the public health nurses that mentally retarded children almost always suffer multiple defects and handicaps.

(Continued on page 44)

Three Honors for "Tar Heel Nurse"

The *Tar Heel Nurse* didn't win a plaque this year in the 1960 SNA bulletin awards competition sponsored by the American Journal of Nursing Company, but it did bring home honors in three of the four contest categories.

Tar Heel Nurse won honorable mention in Group II (SNAs of comparable membership) in three categories: General Excellence, Production Excellence, and Program Advancement. In 1958 the NCSNA magazine won the first-place award for Production Excellence.

The awards were presented at a luncheon during the biennial editor's conference on the day following the close of the ANA convention. Mrs. Margaret B. Dolan, president of the American Journal of Nursing Company, presided at the awards luncheon.

Because of the multiple problems presented by the retarded child and his family, Dr. Wellin said, agencies and workers face difficult decisions in determining the cut-off points, the problems not within the agencies' scope of professional concern. Through the simulated case conference, the nurses learned how and what each health discipline can contribute to the understanding of the mentally retarded child and his family. Each participant presented what information he gained from seeing the patient, and the group learned where professional differences exist, where there is agreement. By pooling information, participants could plan how best to assist the child and his family.

The Public Health Section and the School Nurses Branch held a joint program meeting to hear Dr. Melvene D. Hardee, professor in the Department of Higher Education, Florida State University, speak on "How Do You Say What You Mean?" She said that many nursing functions are concerned with the administration of words rather than medicine and that nurses have many dilemmas: How to deal with grief, and how to tell those under her supervision their behavior is below standard.

There is no pre-packaged formula for success in saying what you mean, the speaker said, but there are four precepts which might be helpful: Know who you are, know your specialty and how it relates to other specialties, know your hearer and realize that everyone has a need for tenderness, realize that your meaning must have such carriers as words, inflections, and "body English." She concluded by stating: "Our task is to feel the feeling and then find the words to fit it."

Special Groups

The Special Groups Section held no program meetings but approved a reorganization plan under which all members except counselors, executive secretaries, and registrars will join other sections, according to their areas of practice. The effective date for this new plan is January 1, 1961. The new section will operate on a national level only and will be renamed the Counselors, Executive Secretaries, and Registrars Section.

Special Program

Special program meetings were held by the ANA Operating Room Nurses Conference Group, Psychiatric Nurses Conference Group, and Research Conference Group. At the Psychiatric nurses program meeting, Barbara Bernard of Chapel Hill discussed the educator's role and said that "training for psychiatric nursing practice at the clinical level can best be achieved where nurses have the opportunity to work with individual patients under the supervision of one trained to guide the understanding of interactions."

A Conference Group on Maternal and Child Health Nursing was formed during the convention, with about 45 nurses attending the organization meeting.

ANA Committee Appointments

Mrs. Eunice Seaborn of Asheville, general duty nurse at Veterans Administration Hospital, Oteen, has been appointed by the Executive Committee of the American Nurses' Association General Duty Section to serve on that section's Committee on Convention Program.

Mrs. Marjorie Cox Gray of Charlotte, secretary of NCSNA and occupational health nurse for Esso Standard Oil Company, Carolinas Division, has been appointed to a similar committee of the ANA Occupational Health Section.

Goal Three Proposed on Nursing Education

A third goal for the future of the nursing profession, concerning nursing education, was presented to the ANA House of Delegates in session in May in Miami Beach by the Committee on Current and Long-Term Goals.

The goal is stated as follows: "To insure that, within the next 20-30 years, the education basic to the professional practice of nursing, for those who then enter the profession, shall be secured in a program that provides the intellectual, technical, and cultural components of both a professional and liberal education. Toward this end, the ANA shall promote the baccalaureate program so that in due course it becomes the basic educational foundation for professional nursing."

After considerable debate, the House of Delegates voted to accept the report of the Committee "with appreciation" and to refer the recommended goal to state and district associations for study in the next two years.

In 1958 delegates adopted two goals recommended by the Committee on Current and Long-Term Goals; (1) To stimulate research to identify and enlarge scientific principles on which nursing rests and to encourage use of research findings to improve nursing practice; and (2) to provide formal recognition of personal achievement in superior performance in nursing.

The Committee envisaged that achieving Goal Three would take at least a generation and proposed these targets:

1. A comprehensive study of faculty, facilities, and desired enrollment for these baccalaureate programs should be undertaken.

2. The professional association should continue its efforts to secure federal and state scholarships so that all qualified students will be financially able to enroll in baccalaureate programs.

3. Increased funds should be secured to enable more graduate nurses to obtain baccalaureate education.

4. Effort should be intensified to secure increased financial support to enable greater numbers of graduate nurses to prepare for faculty positions.

Florence K. Wilson

Florence K. Wilson, former dean of the Duke University School of Nursing, died on May 7, 1960, at her home in Tryon.

Miss Wilson had retired in 1954 after serving as dean at Duke University School of Nursing since 1946. She served as president of the North Carolina League of Nursing Education and as the first president of the North Carolina League for Nursing. She continued to participate actively in professional organizations following her retirement and during the past year was at work compiling historical material on nursing education in North Carolina.

A resolution in tribute to Miss Wilson, adopted at the most recent meeting of District Eleven Nurses' Association, points to her contributions to the nursing profession, to the Duke University School of Nursing, and to professional organizations. The resolution also states: "Her ability to give wise direction and counsel was of importance in the development of plans of nurses and of nursing in the University, community and in the State. She will be long remembered for her charm and delightful humor."

Public Funds For Nursing Education

This address was delivered by Mrs. Margaret B. Dolan, head of the Department of Public Health Nursing, School of Public Health, University of North Carolina, Chapel Hill, at the 1960 convention of the American Nurses' Association. The address was a part of a general program meeting on "Social Legislation and Nursing Practice." Mrs. Dolan is a member of the ANA Committee on Legislation and chairman of the North Carolina State Nurses' Association Committee on Professional Practice.

To locate a point of departure or a take-off point for a presentation on legislation providing public funds for nursing education is a difficult task. In not knowing where to begin, one frequently takes a look at the past in order to gain perspective and to see what has happened to bring us to the present. When we look only at the present we often are discouraged by what we see — the seeming lack of progress, the many obstacles in our way, and the magnitude of the problem as we view the future.

In order that we may view this issue from a common perspective, join me in a brief historical review of nursing education beginning with the Florence Nightingale era. The most striking characteristic about nursing education is that from the beginning it has been *outside the domain of our general educational institutions.* Although Miss Nightingale had a broad conception of nursing as a community service, she provided for the training of nurses in hospitals. A few of the early schools of nursing in the United States were established independently on the Nightingale principles of nursing education. The primary purpose of these schools was the training of nurses for the public. However, the success of these early schools of nursing in improving the care of the sick stimulated a number of hospitals to organize schools for the primary purpose of securing student nursing service for the care of their patients.

In less than thirty years, by 1900, there were 432 schools of nursing in the United States; but, with very few exceptions, they were completely under the control of hospitals. The financing of the schools was always difficult. Even the ones established independently contracted to provide nursing service and even then had difficulty augmenting such funds. By 1910 there were just under 1200 schools of nursing, most of which had started for economic reasons—to insure a low cost supply of nursing service. This rapid increase in number of schools sharpened the awareness of the nursing organizations to the need for standards of education and of practice. The same criticism we hear so often today was levelled at the leaders in nursing in 1910; namely, "leaders in nursing are more interested in the education and advancement of nurses than in the development of nursing services." At the same time it was not uncommon for schools to graduate students who would not be employed by their home institution or even be recommended for employment by another agency.

Although there were affiliations with educational institutions in a few instances, there were no basic programs in nursing education under the administrative jurisdiction of a publicly supported educational institution until 1909 when the University of Minnesota School of Nursing was established. In 1916 the University of Cincinnati School of Nursing and Health was the first to offer a five-year program leading to a degree, to be followed in 1923 by collegiate schools at Yale and Western Reserve Universities.

From the publication in 1912 of Miss Adelaide Nutting's study, *Educational Status of Nursing,* to the report of the President's Commission on the Health Needs of the Nation in 1951 numerous studies of nursing reiterated the need for adequate financing of educational programs in nursing and pointed out the paucity of endowment money in nursing education and the small amounts of public funds in nursing education. The President's Commission stated: "We believe that nursing like other professional education should become a part of the general educational system of the Nation." (6:19)

The nursing student traditionally and to a great extent today pays for her training through the service she renders. When moves have been made to place nursing schools under the jurisdiction of general educational systems, frequently hospitals were reluctant to agree. The performance of services has often interfered with the nurses' education and under this apprentice type system the primary objective of the institution must have top priority. Not until we break away from this heritage of "service for education" and nursing education becomes a part of our general educational system will we solve some of the major difficulties facing the nursing profession today.

When income from nursing student services and fees do not cover the cost of the nursing educational program, patient fees frequently make up the deficit. With the rising cost of medical care and hospital costs it is unfair and unjust that one segment of our population, one burdened with illness, must bear a large part of the cost of nursing education.

The problems of financing nursing education in hospital schools present a dichotomy of purpose that affects nursing education. The development of a profession is dependent upon its educational foundation. When the clinical experience of the student is geared to meet the service needs of the institution, the educational objectives of the student are frequently disregarded. The apprenticeship system will continue in nursing as long as the majority of nurses receive their preparation in institutions whose primary objective is the treatment of the sick and injured. This is not to say that service institutions and hospitals do not have an important part to play in nursing education, it is that they should not have to bear the cost of nursing education and to administer and support an educational institution.

Education of professional nurses should be placed on a true professional basis. This will only be accomplished when schools are placed under the jurisdiction of universities and colleges and when both cultural and professional instruction are provided. Students of nursing should have the opportunity for contact with persons *whose primary interest is education.* They must learn how to engage in the intellectual process, and the best means available is through participation with students and teachers from many areas of learning who are developing ideas and skill in communicating these ideas. "Increasingly it is being realized everywhere that no technical training, however good, is sufficient as preparation for professional personnel. A broad understanding of the physical and social sciences on which professional practice is built and of the society which the professions serve is essential." (2:131) Only the college or university can provide the money, qualified teaching personnel, and other resources required in present day professional education.

Federal Aid To Nursing Education

What has happened at the national level in terms of federal funds for support of nursing education?

In 1941, with war clouds on the horizon and the country emerging from the great depression, nursing could see the first results of the use of federal funds for nursing education. Approximately 3,000 graduate nurses had received stipends under the Social Security Act while attending colleges and universities for preparation in public health nursing.

There was an increasing demand for graduate nurses as the preparedness program moved forward. Studies revealed that the supply of nurses was not adequate; that nursing schools could not increase their enrollments to any great extent without financial assistance. The National Nursing Council and the Subcommittee on Nursing of the Health and Medical Committee of the Council of National Defense submitted through the USPHS a request to Congress for federal funds for nursing education. With the leadership of Congresswoman Frances P. Bolton and the effective work of the ANA, a two-year federal aid program for nursing education was obtained. From July, 1941, until June, 1943, approximately 4.5 million dollars was expended. Schools of nursing increased their enrollment by 13,000; over 4,000 graduate nurses were provided postgraduate study; and 2,000 received refresher courses. (8:310)

In June, 1943, the 78th Congress enacted Public Law No. 74, the Nurse Training Act. Congresswoman Bolton sponsored this legislation, known as the Bolton Act, which provided for the organization and development of the United States Cadet Nurse Corps. It also provided for post graduate preparation for graduate nurses. This five-year program (1943-48) cost the federal government approximately $160 million. (8:391)

Under the Lanham (National Defense Housing) Act of 1940, the USPHS authorized expenditures of over $25.5 million for new facilities, such as living quarters, classroom and demonstration rooms, and library space for 239 schools of nursing.

Despite this amount of federal aid to nursing education, *"Nursing Schools at the Midcentury* showed that 65 per cent of the cost of nursing education was being borne by hospitals, 24 per cent by tuition and fees, 3 per cent by gifts and endowments, 4 per cent from state and local funds and 4 per cent from university and college funds." (8:538)

The ANA included a strong statement on nursing education in its 1950 platform. ANA approached the U. S. Congress through Congresswoman Frances P. Bolton, and a bill known as the Nursing Education Act of 1951 (H. R. 910) was introduced. The political climate of Congress was unfavorable to aid for professional education, and the bill was tabled. The ANA continued its legislative efforts, and in the Fall of 1956 additional federal funds were provided through enactment of Public Law 911 known as the Health Amendments Act.

The first three titles of the Act pertained to education for health professions. Title I was concerned with the preparation of public health workers, including doctors, nurses, engineers, health educators, sanitarians, et cetera. Title II provided for advanced preparation for graduate nurses in teaching, supervision, and administration; and Title III provided for the expansion of vocational education programs for the training of practical nurses. This program was for a three-year period.

The program has served to reverse the downward trend of the number of graduate nurses enrolled for full-time study in advanced nursing programs. From 1951 to 1956 there had been a rather marked decline of full-time students in advanced nursing programs. This was occurring at a time when there was a desperate shortage of teachers in nursing schools and nurses

prepared in supervision and administration. It is estimated that about 3,800 nurses received federal assistance during the first three years of the Professional Nurse Traineeship Program. This can only be considered a beginning when we estimate the present and future needs for nurse teachers, supervisors, and administrators. In 1959, through new legislation, the program was extended for a period of five years.

According to the NLN's "Nurses for a Growing Nation" in 1956, 13 per cent of the 430,000 active graduate nurses were in leadership positions. In 1959, the ANA, NLN and Public Health Service released information stating there were 460,000 active graduate nurses in 1958. It was estimated that 59,800 or 13 per cent were in administration, supervision, and teaching. To maintain this 13 per cent ratio 3,953 additional teachers, supervisors, and administrators were needed. (6:35) This is more than double the number of full-time students enrolled in 1957 in the 44 advanced nursing programs participating in the Professional Nurse Traineeship Program.

The two major programs of federal aid to nursing education have been the Cadet Nurse program and Titles I and II of the Health Amendments Act of 1956. The first provides scholarships to basic students in nursing, and the latter to graduate nurses for advanced study. Both programs have been in the nature of emergency measures to meet existing situations that were of national concern and both bear definite cut-off dates.

We are still faced with the basic problem of public funds for continuing support of nursing education.

In January, 1958, the American Nurses' Association Board of Directors authorized that the ANA prepare and have introduced in Congress a bill to provide financial aid to baccalaureate programs and to graduate nurses in supplementary programs leading to the baccalaureate degree.

The American Nurses' Association, with cooperation of its constituent units, promoted this legislation with all the resources at its command. The Association was committed to this action by the 4th plank in the 1958-60 ANA platform which states, "Promote legislation which will provide public funds for research, scholarships, and continued improvement in nursing education."

There was excellent response to this legislation from nurses throughout the country as evidenced by the hundreds of letters received by Mrs. Edith S. Green, Senator Hubert Humphrey, and other members of Congress urging favorable action on these bills. In fact, the response was much greater and more enthusiastic than had been anticipated. We all know the legislative process is a slow one and that it generally requires continuing effort and repeated attempts to accomplish legislation. We believe much progress has been made although it is extremely doubtful that any action will be taken on this legislation during the current session of Congress. Promotion of this type legislation should be the major concern of the Association during the next session of Congress.

There is precedence for this type of legislation. The National Defense Education Act of 1958 was a major step in meeting the needs of higher education. It was a recognition by Congress that higher education is a vital part of the nation's strength. However, this act emphasized science and mathematics. Nursing and medicine were not considered in the context of this legislation as scientific fields. It is my belief that an adequate supply of professionally educated nurses to meet the health needs of our rapidly expanding population is also essential to the strength and defense of our nation. Therefore, the federal government has some responsibility in this area.

In November, 1957, the ANA sent to all state nurses associations *A Dis-*

cussion Guide on Public Funds for Nursing Education. The Board of Directors recognized there were many complex issues involved in seeking state and federal funds for support of nursing education. It is essential that the membership of the ANA study the issues, acquire information and make some important decisions regarding the type of educational programs the profession will ask the public to support with increasing amounts of tax money.

This guide has been used in various ways by state associations and by directors of schools of nursing. Discussion of the questions presented in the guide, and others raised by nurses, need continued exploration until every nurse is informed and has participated in decision-making and in the legislative efforts of the American Nurses' Association.

If nursing is to achieve professional status, and be accorded this recognition by society and other professions, it must establish its educational foundation in institutions of higher learning. Only in this way can nurses continue to enlarge the body of knowledge of nursing which is initiated within the profession. I believe this body of knowledge includes the science and art of nursing in direct patient care as well as the functional activities of planning, directing, educating, and supervising nursing personnel.

With practically every thoughtful study of nursing and nursing education recommending that the preparation for the profession of nursing belongs in institutions of higher learning, how do we account for the slow progress? Is it because the majority of nurses have not accepted this recommendation?

I believe we have reached the stage in our development as a profession that we must accept the concept of two types of nursing, namely *professional* and *technical* — the basic preparation for professional nursing provided at the baccalaureate level and basic preparation for technical nursing at the associate degree level in community or junior colleges. Both should be and must be supported by public funds and both are essential in providing competent and skilled nursing care for our population.

The majority of professional nurses in practice today have not been educated in institutions that were primarily educational institutions nor was the educational program supported by public funds. Therefore, our background makes it difficult for us to accept this change. Yet, we are the nurses who have accepted the legislative principle which states, "Public funds should be available only to schools which qualify as educational institutions as defined by the National League for Nursing in 'Criteria for the Evaluation of Educational Programs in Nursing which lead to Baccalaureate or Masters'." We all recognize that change is difficult, and there are ambivalent feelings associated with change. It takes courage, a dedication of purpose and belief in the future of our profession. I believe we must accept this concept and work vigorously for its implimentation if nursing is to fulfill its responsibility to society as a profession.

It is also the profession's responsibility to develop ways to show the correlation between the preparation of the nurse and the quality of service. The public will assume the cost of nursing education when we are able to demonstrate this correlation and the public has an understanding of the differentiations in levels of nursing ability and functions. (9:96)

We must at the same time uphold standards of nursing education as defined by the profession and seek public support only for those programs which meet such standards.

Some progress has been made towards this objective. According to the 1959 edition of *Facts About Nursing* there was a 2.6 per cent decrease in the number of graduates from diploma

schools of nursing in comparing the academic year 1955-56 with 1956-57. More and more hospital administrators are beginning to realize that providing the type of education necessary to prepare the nurse to function effectively on today's health team is an expensive undertaking. This fact has facilitated the development of nursing programs in colleges and universities and community colleges. For the same period there was a 9.5 per cent increase in graduations from associate degree programs and an 11.9 per cent increase in graduations from baccalaureate degree programs. Although the percentages are encouraging, the picture, when we see the actual numbers involved, is not impressive.

There are interesting regional differences in the number of graduations in basic professional programs. In 1956-57 the Western region had approximately 3,000 graduations with 23.8 per cent from baccalaureate degree programs while the North Atlantic region had over 11,000 graduations with 9.1 per cent from baccalaureate degree programs. (1:73) Can we assume that the West does not have the weight of tradition to retard its progress in moving basic nursing education into educational institutions? For the same period the West also had five times as many graduations from associate degree programs as any other region in the United States.

The quality of education in institutions of higher learning is dependent to a great extent on the quality of public education provided by the elementary and secondary schools of our country. We have become acutely conscious of the staggering needs for skilled teachers, enriched curricula, additional physical facilities, instructional equipment, and continuing financial support for public education. This is important to nursing education, and nurses as citizens have an obligation and responsibility to actively support legislation to meet these needs.

State Legislation For Aid To Nursing Education

In 1945 legislation was enacted in Wisconsin permitting the State Department of Nurses to use for scholarships, to aid graduate nurses, unencumbered money in excess of $15,000 in the Department's funds on June 30 of each year. Since then eleven other states have enacted legislation to provide scholarship aid to graduate nurses. Many of these scholarships carry commitments to work in a particular field of nursing, such as psychiatry, tuberculosis, or in a teaching or administrative capacity. The total amount appropriated varies from $1,650 to $319,000. (1:98-99)

From 1950 to 1958, fourteen states made appropriations for scholarships for students in basic professional nursing education. The total amount appropriated during this period varies from $17,600 in one state to $615,000 in another. (1:80-81)

Although some progress has been made, the public has as yet made small provision for the support of nursing education. This is in sharp contrast to the financing of the education for physicians, teachers, social workers, lawyers, and engineers. Yet the nurse has been ranked close to the teacher as a social necessity. She is needed many times during the life span of every individual. (2:164)

According to the 1959 list of State Approved Schools of Professional Nursing, 172, or only 15 per cent of the 1,126 schools, are under the administration of a college or university. Where nursing education has developed in institutions of higher learning there has been disparity in the adequacy of financial support in comparison to that of other professional schools in the same institution.

"The public, through donations or tax funds, bears approximately half the expense of all other forms of higher

education but contributes only 7 per cent of the cost of nursing education." (7:512)

On October 15, 1958, there were 113,518 students enrolled in the 1,126 schools of nursing. Of these, 19,195, 17 per cent, were enrolled in baccalaureate degree programs. Thus, we have 15 per cent of our schools with 17 per cent of the total number of students in collegiate schools of nursing. (5:41) In January, 1946, one per cent of the 1,214 schools of nursing in existence at that time stated they were independent of hospital control. (2:119)

As we look at the standard of nursing education in our basic collegiate schools in 1959, we find 79 of the 172 collegiate schools are fully accredited by the National Nursing Accrediting Service (the 1960 list includes 87 schools accredited).

Two states (Alaska and Delaware), and Puerto Rico have no basic collegiate nursing program. There are 20 states with no fully accredited degree program and 12 states with only one accredited degree program. Thus, only 17 states have more than one fully accredited basic baccalaureate program while a little less than half of the states have no accredited basic collegiate nursing program. In 1959 less than half of all basic collegiate schools were in educational institutions supported by public or tax funds.

This is the situation today. We believe the public has not accepted its responsibility to invest in the preparation of a group giving an essential service. For over ten years the ANA has had a plank in its platform to promote legislation for this purpose. Shall we as members of the nursing profession be content to continue the present practices of financing nursing education which have no justification except that of tradition? Or will we actively pursue a program of action to see that public support is provided as stated in the ANA platform?

How true today are the words of Miss Annie Goodrich in 1912, when she said: "Our place . . . has been found in the institutions of the sick, but we shall never render our full service to the community until our place is also found in the University." (8:77) I believe we will find that place when every professional nurse takes collective action as a member of her professional organization in carrying forward the Association's legislative program.

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7. Public Health Service. *Professional Nurse Traineeships, Part II.* Washington: U. S. Government Printing Office, 1959. 47 pp.
8. Roberts, Mary M. *American Nursing.* New York: The MacMillan Company, 1954. 688 pp.
9. Smith, Charles E. "Nursing Education—A Public Responsibility," *Nursing Outlook,* 1:96-97, February, 1953.

People and Events - - -

The Division of Nursing Resources, Public Health Service, has announced a nursing research grant to Duke University. The Duke School of Nursing will serve as research facility for a study to be conducted by John C. McKinney, professor and chairman, Duke University Department of Sociology and Anthropology. The Duke grant is one of three totalling $63,493 recently announced by the Division of Nursing Resources.

Colonel Dorothy N. Zeller has been named chief of the United States Air Force Nurse Corps, succeeding Colonel Frances I. Lay. During her 23 years of continuous active duty, Colonel Zeller has served in numerous posts both within the United States and abroad. Her appointment coincides with the Air Force Nurse Corps observance of its eleventh birthday, along with the opening of the new School of Aviation Medicine at Brook Air Force Base, San Antonio, Texas. This facility is charged with training flight nurses and is including in its curriculum current and research trends in Aerospace medicine.

Trustees of Moses Cone Memorial Hospital, Greensboro, have announced a $5,000 scholarship loan fund for nursing students enrolled in the associate degree program at Woman's College, University of North Carolina. The fund will provide $350 annually to Woman's College nursing students selected by the college. The full amount of each loan will be canceled for a year of service as a full-time nurse at Cone Hospital.

Evelyn Zetter has been appointed director of the National League for Nursing's Department of Hospital Nursing. She formerly was assistant director and field service consultant for NLN.

Captain Gladys I. Cochran, nurse and medical specialist corps selection officer for the U. S. Air Force Nurse Corps, has been assigned to the USAF recruiting group, Robins Air Force Base, Georgia. She represents seven Southeastern states, including North Carolina. She is a native of Abbeville, S. C., and a graduate of Greenville General Hospital School of Nursing, Greenville, S. C.

Mrs. Junia A. Jenkins has been appointed assistant professor in public health nursing at The Agricultural and

'Journal' Story In Brochure

"The Story of the Journal Company—1900-1960," the fifth revision of the account of the growth and development of nursing's own publishing enterprise, was presented to members of the American Nurses' Association at the 1960 convention by Mrs. Margaret B. Dolan, president of the American Journal of Nursing Company.

The pamphlet was prepared by Edith Patton Lewis and makes interesting reading for all nurses. Copies are available to members from the American Journal of Nursing Company.

Technical College School of Nursing, Greensboro. Mrs. Jenkins is a graduate of Hampton School for Nurses, Hampton, Va., and received the B.S. degree in public health nursing at North Carolina College, Durham. She formerly was employed at St. Leo's Hospital and Moses Cone Memorial Hospital, both in Greensboro.

United Nations Day will be observed on October 24, 1960, and will commemorate the fifteenth anniversary of the United Nations. This reminder is especially for district associations, which might wish to plan special programs around United Nations Day. The American Nurses' Association is preparing background material on the United Nations as a guide to subjects which might be featured at program meetings. This material will be available in late summer and will be forwarded by ANA upon request.

Seeking Scholarships

North Carolina College at Durham is commemorating its Fiftieth Anniversary this year with a scholarship campaign for $50,000 to provide wider educational opportunities for worthy students.

Nurses in this state have long demonstrated interest and support for North Carolina College. For many years the college has had a public health nursing program. The North Carolina State Nurses' Association underwrote the institution's first summer school course in the nursing field —"Ward Administration and Teaching."

During this 50th anniversary year nurses are invited to contribute to the Scholarship Campaign prior to November 1, 1960.

Hulda O. Wegener, executive secretary of the Kansas State Nurses' Association, has received the second Shirley C. Titus Fellowship. Miss Wegener plans additional preparation for professional organization work at the University of Colorado. The Fellowship provides opportunity for the preparation of nurses who can give leadership to the profession through employment on a nursing organization staff.

The four-week course in psychiatric nursing, offered by the University of North Carolina School of Nursing, will be held June 20-July 15 at Dorothea Dix Hospital in Raleigh. The course is offered to graduate professional nurses interested in developing more understanding of the work-role of the nurse in psychiatric care programs. Principles, processes, and problems of socio-psychiatric nature will be studied through lectures, seminar discussions, and supervised clinical experience.

Nursing Research

Up the hall, down the hall,
Learn all the problems great and small;
Learn all the good and all the bad,
Be sure not to make any one mad.

Follow the short, follow the tall,
Use a little diplomacy to all;
Follow the fast, follow the slow,
Nursing research is on the go!

Why some problems exist is beyond me
For they are very plain to see—
A few adjustments here and there
Should sweep away our every care!

Good nurses we have by the score,
But we think we need more!
Research may prove in the end
That all we need is our talents to blend.

—Mrs. Mildred Kea Furmage, McCain
First Vice-Chairman
INSA Section, NCSNA

Be Sensible
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IT IS SENSIBLE to have income-protection insurance that pays you money when you're sick or have had an accident and cannot work. You've got to have money to pay the monthly bills — rent, car payments, installment purchases, etc. (you know them). You've got to have money now and regularly. Miss a month, and you're sunk!

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933 Insurance Building, Raleigh

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THE TAR HEEL NURSE

VOLUME 22 SEPTEMBER, 1960 NUMBER 3

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NORTH CAROLINA STATE NURSES' ASSOCIATION

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Counselor and Associate
Executive Secretary

Cover Note: Nursing research is going on every day in North Carolina. Our cover shows a group at Duke University elbow-deep in the paper work of a research project on the professionalization process in nursing. Left to right: Ida H. Simpson, assistant professor, Department of Sociology and Anthropology; Kurt W. Back, associate professor, Department of Sociology and Psychiatry; Ann M. Jacobansky, dean, School of Nursing; John C. McKinney, chairman, Department of Sociology and Anthropology. Also participating in the project, but not shown in the picture, are Thelma Ingles, director of the master of science in nursing program, and Alan C. Kerckhoff, associate professor, Department of Sociology and Anthropology.

President's Message . . .

"The company in which you improve most will be least expensive to you," so said George Washington.

The first President of our land must have been conscious of many years of experiences and of a countless number of personal contacts to have reached this conviction. It must have been in examining the past incidents that he was able to develop an hypothesis that would support his argument for such a positive statement. We, of course, recognize this as an example of research — though perhaps in its most simple form.

We have only to look about us to conclude that our universe is filled with strange elements, and today many scientists are working in research laboratories investigating such facts as may arouse their curiosity. We know their ideas are to try to determine the use of these elements and their availability to man.

Just as research has evolved facts that have contributed significantly to the medical progress of our country, so is the need for research assistance in nursing. The "trial and error" method in practice concurrently in many programs is time consuming and expensive. Application of research findings could be invaluable to the individual nurse as well as to a corps of nurses within a program.

The labor market draws on research to determine available man power; the hospital industry makes use of research to determine the need for more available beds; and the medical profession depends on research for new and more effective drugs, for improved procedures, and for greater disease management insight. Perhaps significant improvements in future patterns of patient care can be made possible more quickly through research.

What do you think?

Martha Adams, R.N.
President

You Have A Stake In

NURSING RESEARCH

Between convention time in October and the end of this year you will be asked to "Give or Get $5" to the American Nurses' Foundation Fund-Raising Campaign.

This amount represents the personal goal of every nurse in the country in this campaign to expand nursing research. The national goal is $1,000,000. North Carolina's goal is $20,169.

Certainly every member of the North Carolina State Nurses' Association is aware of the importance of research to the future of the nursing profession and to the improvement of patient care. The North Carolina Campaign Committee feels that som nurses may wish to "Give *and* Get $5. Realizing that in a few instances, nurse may not be able to participat personally in this campaign, the com mittee urges nurses who are able t set their personal goal anywhere the wish—some can "Give or Get $25"

North Carolina's campaign will b launched officially at convention i October. The campaign will be th subject of the 1960 Advisory Counc Forum on Tuesday morning, Octob 25, at the Washington Duke Hotel i Durham. This is an open meeting fo all NCSNA members. District pres dents are especially urged to attend.

CAMPAIGN LEADERS get their heads together to talk over plans for the participation of No Carolina nurses in the American Nurses' Foundation Fund-Raising Project. Left to right, Dr. Rob Burton House of Chapel Hill, honorary North Carolina chairman; Alma Kermon of Raleigh, memb of the North Carolina Committee; Mrs. Katharine Densford Dreves, St. Paul, Minn., national nu co-chairman; and Mrs. Eloise R. Lewis, Chapel Hill, North Carolina co-chairman.

George W. Culleney, II, national campaign director, will speak at the Advisory Council meeting, as will North Carolina's co-chairmen, Mrs. Eloise R. Lewis of Chapel Hill and Lee Parker of Raleigh.

HONORARY CHAIRMAN

Meanwhile, campaign plans are moving ahead. Dr. Robert Burton House, former chancellor of the University of North Carolina in Chapel Hill, has accepted honorary chairmanship for this state. Dr. House has long been a helpful friend of nursing. He is one of two honorary members of NCSNA and the only man ever to receive this honor.

Dr. House will speak to district presidents about the importance of this campaign at a luncheon following the Advisory Council meeting on October 25.

As Mrs. Lewis put it, "one of life's extras" came to the North Carolina Campaign Committee at its first meeting—a luncheon on August 24 in Raleigh. The extra was Mrs. Katharine Densford Dreves, national co-chairman, who spent a portion of August in this state as a guest teacher at the University of North Carolina School of Nursing.

Mrs. Dreves stressed the importance of research in improving nursing care of patients and pointed to Dr. Robert Merton's statement that research "is the movable frontier of a profession." She reviewed briefly the development of the American Nurses' Foundation and some of the research projects sponsored by ANF.

In describing future plans of ANF in research and studies, Mrs. Dreves put special emphasis on the need for fellowships to train nurses for research, for a skilled ANF staff, and for dissemination of research studies. She told the North Carolina Campaign Committee that as we sell the idea of the American Nurses' Foundation need for funds, we will be effective in interpreting to nurses and to the public how research can contribute to improved patient care.

Dr. House urged Committee members to have faith in this project, to work for its success, and to enjoy their participation. He called the American Nurses' Foundation an "instrument" to provide better health care for America. "You are not going out to solicit, but to elicit," he said, "and you are not offering an argument but an opportunity. There is money hanging on trees for this kind of project—if you have the imagination to get it."

The North Carolina Campaign Committee is composed of officers of the NCSNA, campaign co-chairmen, a representative from each of the 27 district nurses' associations, and selected lay persons who have demonstrated interest in nursing and civic affairs.

APPOINTMENTS

Several special campaign appointments have been made. John B. Harris, Jr., Raleigh, assistant vice-president of the North Carolina National Bank, is campaign treasurer. Mrs. Marjorie Cox Gray, Charlotte, secretary of NCSNA and president of District Five, is chairman of the Public Information Committee. Betty Long of Roxboro, director of nurses at Person County Memorial Hospital, is vice-chairman for industrial solicitations. Vice-chairmen will be appointed for solicitation of philanthropic foundations and for selected individuals.

Acceptances still are being received from lay persons who are being invited to serve as campaign sponsors and members of the North Carolina Campaign Committee. At press time the following have accepted and will serve on this committee, along with district representatives and NCSNA officers:

Joseph E. Barnes, Raleigh; Morgan Bissette, Charlotte; Dr. Robert Cad-

mus, Chapel Hill; Irving E. Carlyle, Winston-Salem; Mrs. George Carrington, Burlington; Dr. Henry T. Clark, Chapel Hill; Lennox G. Cooper, Wilmington; Mrs. Julius Cone, Greensboro; Dr. W. C. Davison, Durham; John Harden, Greensboro; Robert L. Humber, Greenville; Arthur Kirkman, High Point; L. P. McLendon, Greensboro; B. Lee Mootz, Winston-Salem; Charles E. Newcomb, Asheville; Dr. J. W. Roy Norton, Raleigh; Mrs. Roy Parker, Chapel Hill; Mrs. L. Richardson Preyer, Greensboro; Gertrude Weil, Goldsboro; Ruth Wilson, Raleigh; Dr. Barnes Woodhall, Durham

National Campaign News

Lee H. Bristol, Jr., director of public relations for the Products Division of the Bristol-Myers Company, has been appointed national co-chairman of the ANF campaign representing the interests of business and industry and the general public. Mr. Bristol, whose grandfather co-founded the Bristol-Myers Company, serves annually as a faculty member of the University of Buffalo Creative Problem-Solving Institute. Recently he was co-chairman for the American Management Association's three-day seminar on corporate public relations.

The National Campaign Treasurer is George C. Trextor, president of the Marine Midland Trust Company of New York.

To date 28 corporate heads and 22 representatives of health care and the general public have consented to the use of their names as national campaign sponsors. When all those invited have had time to reply, this list will be released.

At least two states have themselves increased their ANF goals. Hawaii was not content with its small goal of $4,274, so Hawaiian nurses raised the goal to $10,000! Illinois also felt its goal of $45,-144 was too low, so re-set it at an even $100,000.

Current Nursing Research Projects In North Carolina

No state in the union is doing more in nursing research than North Carolina.

So stated Mrs. Katharine Densford Dreves, national co-chairman of the American Nurses' Foundation Fund-Raising Campaign, when she met last month with the North Carolina Committee.

Research is a vital part of nursing education programs in this state. Leading nurse educators in Nort Carolina have long stressed that in provements in nursing educatio should be based on research.

Nurses in North Carolina therefo can be justly proud of the researc taking place around them every day— research which will take its place i the national forward movement i nursing. And Tar Heel nurses also ca

be proud that they have shared—individually and as a professional organization — in the promotion of research since the American Nurses' Association first undertook to widen this horizon of the profession.

NCSNA members gave financial support to the ANA research program in its early days through a per capita assessment. From this early program of research and studies grew the American Nurses' Foundation, Inc., financed through funds provided by ANA. Now the Foundation must broaden its program, and again North Carolina nurses are called upon to give their financial support.

What is going on in nursing research in North Carolina is typical of what you would find in many other states. Though not all are financed by American Nurses' Foundation funds, all are a part of the national pattern of finding out more about nurses and nursing so that nurses can be prepared to give better patient care.

At the University of North Carolina School of Nursing, a five-year study has just been completed on the psychiatric and social service concepts in the undergraduate program. This study was done under the auspices of the National Institute of Mental Health. Mrs. Alice Gifford of the UNC School of Nursing was the nurse faculty member on the team which conducted the study.

AMBULANT PATIENT STUDY

The UNC School of Nursing also has just received a grant from the U. S. Public Health Service for a study of the ambulant patient through the out-patient department of North Carolina Memorial Hospital. This project will be conducted by Margaret Haynes, assistant professor in the School of Nursing, and June Watson, supervising nurse of the Hospital's out-patient department.

At the UNC School of Public Health, Department of Public Health

Nursing, Ann Hansen is working on a study in public health nursing field experience. The purpose is to develop measurements to evaluate field experience.

At Duke University School of Nursing, a study has just been completed on the characteristics of the psychiatric nurse, and another is underway on the role of the nurse in the clinic. Marcia Black is working on this study.

A third Duke project is of particular importance and interest. It is a seven-year study on the professionalization process in nursing. The study will use facilities of the School of Nursing and the Department of Sociology and Anthropology. It will attempt to add to existing knowledge about the social processes involved in the transformation of a lay person into a professional nurse.

ROLE DEFINITION

Officially, the project is described in part as follows: "We conceive of the nursing school as a social system in which the professional sub-culture of nursing is variously assimilated by students through discernible social and psychological processes. The period

spent in school is regarded as a decisive middle ground between the prior orientations, aspirations, and minimally trained capacities of selected individuals, and the emergence of the professional — the identification of these individuals, by themselves and by society, as nurses. It is our most general objective to find out, systematically and in some detail, how this happens: how these candidates with their abilities, aspirations, values, attitudes, anticipations, and anxieties emerge as professional nurses, with a definition of their role (what it means to be a nurse), with attitudes toward that role . . . with a self-image . . . and with a set of professional values. . . .

"This study should provide information on the general processes of professionalization and an important baseline from which these processes can be examined comparatively . . . The results should be of practical value to nursing. As a study of the progressive self-discovery of students as they work their way through the experiences provided in a nursing school, it might be useful to those who plan the experiences which have a bearing on the goals of nursing education. Moreover, the findings should help nursing educators to supplement their dominant concern with the curriculum and formal mechanisms of teaching, by taking fuller account of group influences and cultural values which may affect the development of professional orientations by students. The results of the study should also be of theoretical value to social scientists who desire greater understanding of professionalization as a special and important case of adult socialization."

Mrs. Margaret Dolan Elected ANA Delegate To ICN

Another honor has come to our own Mrs. Margaret B. Dolan!

Mrs. Dolan, recently elected second vice-president of the American Nurses' Association, will be one of ANA's five official delegates to the Twelfth Quadrennial Congress of the International Council of Nurses in Melbourne, Australia, April 17-22, 1961.

Margaret Dolan is one of North Carolina's busiest women and certainly one of our busiest nurses. She is chairman of the Department of Public Health Nursing, University of North Carolina School of Public Health; member of the ANA Committee on Legislation; president of the American Journal of Nursing Company; member of the NCSNA Board of Directors; and chairman of the NCSNA Committee on Professional Practice. In addition, she is active in numerous other civic and professional groups.

Other ANA delegates are: Mathilda Scheuer, ANA president; Mrs. Judith G. Whitaker, executive secretary; Sister Maureen and Mrs. Anne Zimmerman, members of the ANA Board of Directors. All ANA members are eligible to attend the Congress. Application forms are available from ANA headquarters, 10 Columbus Circle, New York 19, N. Y.

Call To Convention

The fifty-eighth annual convention of the North Carolina State Nurses' Association will be held October 25-28, 1960, at the Washington Duke Hotel in Durham, North Carolina.

The Student Nurse Association of North Carolina will hold its eleventh annual meeting on Tuesday, October 25.

Theme of the NCSNA 1960 convention will be "Nursing—A Growing Profession Meeting Growing Demands." Reports of the Committees on Bylaws and Nominations are published in this issue. Details of the program and other general convention information also will be found in this issue.

Please bring your ANA membership card to the convention.

Marie B. Noell, R.N.
Executive Secretary

Student Nurse Association of North Carolina

Monday, October 24

7:30 p.m. Annual meeting, Executive Board, Wedgwood Room, Washington Duke Hotel

Tuesday, October 25

9:00-10:30 a.m. Registration, Washington Duke Hotel

10:30-12:00 a.m. Convention Program Meeting, Washington Duke Ballroom

TOPIC: **Nurse-Patient Relationship**

SPEAKER: Thelma Ingles, Associate Professor and Director of Graduate Curriculum, Duke University School of Nursing

2:00 p.m. Business Meeting, Washington Duke Ballroom

7:30-9:30 p.m. Talent Show, Duke University Auditorium, Woman's Campus

TOPIC: **Skit-so-phrenia**

PARTICIPANTS: Members of District Student Nurses' Associations

1960 Convention Program

NCSNA Pre-Convention Meetings

Tuesday, October 25

8:00 a.m. Registration, Lobby, Washington Duke Hotel

9:00 a.m. NCSNA Advisory Council, Crystal Ballroom, Washington Duke Hotel, Martha Adams, President, presiding. (Meeting open to all NCSNA members)

THEME: **American Nurses' Foundation Fund-Raising Campaign**

TOPIC: **Better Nursing Care Through Research**

SPEAKERS: George W. Culleney, II, National Campaign Director
Mrs. Eloise R. Lewis, Chapel Hill, North Carolina Co-Chairman
Lee Parker, Raleigh, North Carolina Co-Chairman

12:00 noon Dutch Luncheon—District Presidents

TOPIC: **Give or Get $5.00**

SPEAKER: Dr. Robert Burton House, Chapel Hill, Honorary Chairman, North Carolina Committee, American Nurses' Foundation Fund-Raising Campaign

1:30 p.m. Annual Meeting, NCSNA Board of Directors, Wedgwood Room, Washington Duke Hotel, Martha Adams, President, presiding

2:00-5:00 p.m. Educational Films, Crystal Ballroom, Washington Duke Hotel

7:00-10:00 p.m.
EACT Section—Executive Committee Meeting
General Duty Section—Advisory Forum and Executive Committee Meeting
Head Nurse Section—Advisory Forum and Executive Committee Meeting
INSA Section—Executive Committee Meeting
Occupational Health Section—Advisory Forum and Executive Committee Meeting
Office Nurse Section—Advisory Forum and Executive Committee Meeting
Private Duty Section—Advisory Forum and Executive Committee Meeting
Public Health Section—Advisory Forum and Executive Committee Meeting
(To be held in rooms of section chairmen)

Convention Program

Wednesday, October 26

8:00 a.m. Registration, Lobby, Washington Duke Hotel

9:00 a.m. Opening Business Session, North Carolina State Nurses' Association, Washington Duke Ballroom, Martha Adams, President, presiding

Reports of officers, committees, sections, district associations

Annual address of President: Martha Adams, Winston-Salem

11:30 a.m. Operating Room Conference Group of EACT, INSA, Head Nurse and General Duty Sections—Business Meeting, Wedgwood Room, Mrs. Eva K. McGougan, Chairman, presiding

12:15 p.m. Luncheon—Operating Room Conference Group, Crystal Ballroom

TOPIC: **Anesthesiology**

SPEAKER: Dr. C. Ronald Stephen, Professor of Anesthesiology, Duke University Medical Center

2:00 p.m. NCSNA General Program Session, Washington Duke Ballroom, Martha Adams, President, presiding

THEME: **Nursing—A Growing Profession Meeting Growing Demands**

TOPIC: **Nursing Education in the Sixties**

SPEAKER: Dr. Elizabeth L. Kemble, Dean, University of North Carolina School of Nursing, Chapel Hill

5:00-7:00 p.m. NCSNA Voting—Lobby, Washington Duke Hotel

7:30 p.m. Banquet—Crystal Ballroom, Washington Duke Hotel

SPEAKER: Dr. Carlyle Campbell, President, Meredith College, Raleigh

Thursday, October 27

8:00-9:30 a.m. NCSNA Voting—Lobby, Washington Duke Hotel

9:00-11:30 a.m. **Annual Business Meetings of NCSNA Sections:**

EACT—Washington Duke Ballroom I
General Duty—Conference Room, Duke Power Company, Mangum and Parrish Streets
Head Nurses—Council Room, City Hall
INSA—Washington Duke Ballroom II
Occupational Health Nurses—Durham Room, Washington Duke Hotel
Office Nurses—Room 422, Washington Duke Hotel
Private Duty—Wedgwood Room, Washington Duke Hotel
Public Health—Crystal Ballroom, Washington Duke Hotel

11:30 a.m.-2:00 p.m. NCSNA Voting—Lobby, Washington Duke Hotel

12:00 noon Luncheon—Head Nurses Section, Program Session, Wedgwood Room, Washington Duke Hotel, Mrs. Jeannette K. Alexander, Chairman

TOPIC: **Head Nurses and Their Relationship to ANA**

SPEAKER: Ethel Strueben, Assistant Executive Secretary, American Nurses' Association, New York

12:00 noon Luncheon—Occupational Health and Office Nurse Sections, Joint Program Session, Rooms 2 and 3, Harvey's Cafeteria, Mrs. Etta Horner and Hazel Johnson, Chairmen

TOPIC: **Doctor-Nurse-Patient Relationship**

SPEAKER: Dr. William B. Townsend, Medical Director, Esso Standard Oil Company, Charlotte

12:00 noon Luncheon—Private Duty Section, Crystal Ballroom, Washington Duke Hotel, Mrs. Wilma Ross Garris, Chairman

12:00 noon Luncheon—General Duty Section, Civic Hall at Harvey's Cafeteria, Mrs. Pauline DeLozier, Chairman

1:00-3:30 p.m. EACT Section—Program Session, Washington Duke Ballroom, Ann Jacobansky, Chairman

TOPIC: **Advanced Education and Its Problems**

DISCUSSION: **Undergraduate Nursing Programs**

MODERATOR: Janis David, Assistant Professor, University of North Carolina School of Nursing

PARTICIPANTS: Mrs. Lorene O. Kleu, North Carolina Baptist Hospital School of Nursing
Mary McRae, Presbyterian Hospital School of Nursing
Carolyn Starn, University of North Carolina School of Nursing

DISCUSSION: **Graduate Nursing Education Programs**

MODERATOR: Ruby Wilson, Assistant Professor, Duke University School of Nursing

PARTICIPANTS: Mrs. Jessie Kiser, Cabarrus County Hospital School of Nursing
Emily Campbell, University of North Carolina School of Nursing
Marcia Black, Duke University School of Nursing

2:00-4:00 p.m. Public Health Section—Program Session, Conference Room, Duke Power Company, Mangum and Parrish Streets, Mrs. Mary Edith Rogers, Chairman

TOPIC: **The Emotional Aspects of Aging**

SPEAKER: Dr. Ewald Busse, Chairman of Department of Psychiatry, Duke University Medical Center

2:30-5:00 p.m. General Duty and Private Duty Sections—Joint Program Session, Crystal Ballroom, Washington Duke Hotel, Mrs. Pauline DeLozier and Mrs. Wilma Ross Garris, Chairmen

TOPIC: **Open Heart Surgery** (Illustrated)

SPEAKER: Dr. Will C. Sealy, Professor of Thoracic Surgery, Duke University Medical Center

TOPIC: **The Artificial Kidney** (Illustrated)

SPEAKER: Dr. R. M. Portwood, Associate Professor, Duke University Medical Center

4:00-6:30 p.m. INSA Section—Program Session, Washington Duke Ballroom, Ethel Harrison, Chairman

TOPIC: **The Staffing Problem and A Look at Solutions**

SPEAKER: Eleanor Lambertsen, Nursing Consultant, American Hospital Association

PANEL: **As We See It —**

The Professional Nurse Availability in North Carolina

How Can Nursing Education and Nursing Service Cooperate in Preparing Students for Professional Nursing Care and Leadership Skills?

The Current Problems Facing Nursing Service in Assisting the Staff Nurse in Adjustment and Performance of Her Professional Role

4:00-6:30 p.m. NCSNA Voting—Lobby, Washington Duke Hotel

7:00 p.m. Buffet Supper for Nursing School Faculties, Crystal Ballroom, Washington Duke Hotel

8:00 p.m. Conference for Nursing School Faculties, conducted by the North Carolina Board of Nurse Registration and Nursing Education, Washington Duke Ballroom

Friday, October 28

9:00 a.m. Closing Business Session, NCSNA, Crystal Ballroom, Washington Duke Hotel, Martha Adams, President, presiding

Reports of Sections, Committee on Resolutions, Tellers, Declaration of Officers

Post-convention meeting of NCSNA Board of Directors (will be held immediately after convention adjournment)

ACCOMMODATIONS

Arrangements have been made for lodging for Negro nurses attending the convention in Durham at the following places:

Lincoln Hospital Nurses' Residence, 1301 Fayetteville Street, serving breakfast from 7-8 a.m.;

Harriet Tubman YWCA, 312 Umstead Street, serving all three meals daily.

A mineographed list of other eating places in Durham will be available at the convention registration desk.

NCSNA Convention - - - 1960

"Nursing—A Growing Profession Meeting Growing Demands" is the theme for the 1960 convention of the North Carolina State Nurses' Association, October 25-28, at the Washington Duke Hotel in Durham.

The various program sessions have been planned to point up some of the new demands for nursing and some of the avenues of growth now developing. As another decade begins, North Carolina nurses are taking this opportunity to look ahead at new professional opportunities and responsibilities.

In addition to the program sessions, there are important business matters to come before the House of Delegates. Revisions of the bylaws will be considered which would provide a new membership classification and would change our method of selecting representation. Every member should study these proposed revisions, which appear elsewhere in this issue, and discuss them in the districts.

Also appearing elsewhere in this issue are the convention program schedule, the section and state association nominees for office, and brief biographical sketches of NCSNA candidates.

Advance reservations are advisable for the luncheons and the banquet. (See page 19.)

Registration fees will be $3.50 for the entire convention for NCSNA members and $1.50 for single-session or one-day attendance. Registered nurse nonmembers will be charged $4.00 for the entire convention and $2.00 for single-session or one-day attendance.

Delegate credentials and instructions are being sent to presidents of district associations. Districts are allowed one delegate for every 10 members.

Remember to bring your ANA membership card to the convention—and your credentials if you are a delegate.

Convention Speakers

Elizabeth L. Kemble, R.N., Ed.D.

Keynote speaker for the 1960 NCSNA convention will be Dr. Elizabeth L. Kemble, dean of the University of North Carolina School of Nursing. She will speak at the general program session on "Nursing Education in the Sixties." A graduate of the University of Cincinnati College of Nursing and Health, she has held teaching and administrative positions in Ohio, New Jersey, and New York. Dr. Kemble formerly was director of the Department of Measurement and Guidance of the National League of Nursing Education. She holds degrees from New York University and Teachers College, Columbia University.

As dean of one of the five professional schools within the Division of Health Affairs of the University of North Carolina, Dr. Kemble is a member of the Division's Advisory Board. She is on the Board of Governors of the UNC Institute for Research in Social Science; member of the American Red Cross National Nursing Advisory Committee; UNC representative on the Committee on Graduate Education and Research in Nursing, Southern Regional Education Board; national nursing consultant to the Surgeon General, U. S. Air Force; member of the Committee on Professional Education of the National Foundation.

Dr. Kemble was the first chairman of the American Nurses' Association Technical Committee on Studies of Nursing Functions and has served on the editorial board of *Nursing Research.* In addition she has served on numerous national, state, and University committees and commissions.

Dr. Carlyle Campbell

Dr. Campbell, president of Meredith College, will be the 1960 banquet speaker. He attended Buie's Creek Academy and received his A.B. degree, *magna cum laude,* from Wake Forest College, where he also earned an A.M. degree. As a graduate student in English at Columbia University, he was designated a University Scholar. Dr. Campbell taught at Buie's Creek Academy and served as head of the department of English at Coker College and at North Carolina State College prior to becoming president at Meredith.

Dr. Campbell is a member of Phi Beta Kappa and holds honorary degrees from the University of South Carolina and Wake Forest College. He has served as president of the State Literary and Historical Association, as a member of the State Education Commission, as president of the North Carolina College Conference, as president of the Southern Association of Colleges and Secondary Schools. He currently is a member of the Commission on Christian Higher Education of the Association of American Colleges.

Eleanor C. Lambertsen, R.N., Ed.D.

Dr. Lambertsen is assistant secretary, Council on Professional Practice, American Hospital Association. She will speak to the Institutional Nursing Service Administrators Section on "The Staffing Problem and A Look at Solutions".

A graduate of the Overlook Hospital School of Nursing, Summit, N. J., Dr. Lambertsen holds B.S., M.A., and Ed.D. degrees from Teachers College, Columbia University. Her professional experience includes positions as general staff nurse, head nurse, supervisor, instructor, and director of school of nursing and nursing services at Overlook

Hospital. She also was instructor and field supervisor and assistant professor in the Division of Nursing Education at Teachers College, Columbia University.

She has served as consultant to hospitals and schools of nursing in the United States and abroad and as advisor to various programs and institutions. Dr. Lambertsen is chairman of the ANA Conference Group on Research and a member of the Defense Advisory Council for Women in the Armed Services; the Advisory Council of the National Federation of Licensed Practical Nurses; the editorial board of *Nursing Research;* the Advisory Council on Nursing, Veterans Administration Department of Medicine and Surgery; and National League for Nursing Committee on Careers.

Ethel M. Strueben, R.N.

Miss Strueben will speak at the program meeting of the NCSNA Head Nurses Section. She is assistant executive secretary of the American Nurses' Association and works with the General Duty Section. She will serve as consultant to all sections throughout the convention.

A graduate of St. Luke's Hospital School of Nursing, Davenport, Iowa, she has had advance work at the University of Michigan, Duke University, and Marycrest in Davenport. Prior to joining the ANA staff, her nursing experience included general and private duty nursing, public health nursing as county and school nurse, and positions as head nurse and supervisor at St. Luke's Hospital. She has served in numerous offices in district and state nurses' associations and as a member of the Board of Directors of the *American Journal of Nursing.*

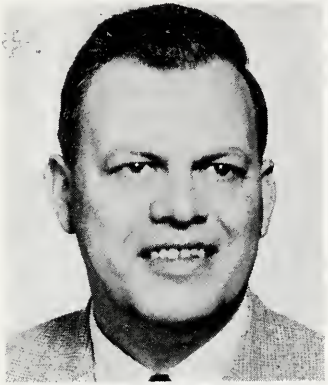
Ewald W. Busse, M.D., Sc.D.

Dr. Busse is professor of psychiatry and chairman of the Department of Psychiatry at Duke University Medical Center. He will speak to the Public Health Nurses Section on "The Emotional Aspects of Aging".

He received his professional education at Westminster College and at Washington University in St. Louis, Mo., with internship at St. Louis City Hospital. His teaching experience prior to coming to Duke included positions at Washington University and University of Colorado Medical Center. Director of Duke's Center for the Study of Aging, Dr. Busse is listed in American Men of Science and in Who's Who in America.

Dr. Busse is a member of the Training Committee, National Institute of Mental Health; chairman of the Committee on Aging, American Psychiatry

Association; member of the USPHS Advisory Committee on Chronic Diseases in Aging; consultant to several federal hospitals in North Carolina and Virginia; and member of numerous committees, organizations, and boards in his professional field.



C. Ronald Stephen, M.D.

Dr. Stephen, professor of anesthesia at Duke University Medical Center, will be the luncheon speaker at the program meeting of the Operating Room Nurses Conference Group, speaking on "Anesthesiology". A native of Canada, Dr. Stephen is a fellow of the American College of Anesthesiology and a diplomate of the American Board of Anesthesiology. He received his professional education at McGill University, Montreal, Canada, and at the Royal College of Physicians and Surgeons in England and Canada.

Dr. Stephen has been chief of the Division of Anesthesia at Duke Hospital since 1950. His previous positions include similar duties at the Neurological Institute and at Children's Memorial Hospital, both in Montreal. He also taught at McGill University. He now serves as consultant in anesthesia for the VA Hospital in Durham and Womack Army Hospital at Ft. Bragg. Editor of *Survey of Anesthesiology,* he is a member of numerous professional organizations.

William B. Townsend, M.D.

Dr. Townsend, who is physician for Esso Standard Oil Company, Carolinas Division, Charlotte, will address a joint program meeting of Occupational Health and Office Nurses Sections. His topic will be "Nurse-Doctor-Patient Relationship."

Dr. Townsend received his professional education at the University of South Carolina and at Medical College of South Carolina, serving his internship at Emory University Hospital in Atlanta. He served as a major in the U. S. Army during World War II. His previous experience included private practice and the position of chief of Chest Disease Service, VA Hospital, Columbia, S. C.

In addition to membership in various professional organizations, Dr. Townsend is active in civic organizations in Charlotte. He is a member of the Board of Directors of the Mecklenburg Opportunity School and chairman of the Greater Charlotte Occupational Health Council. He also is a member of the Planning Committee for the 20th annual Congress on Industrial Health American Medical Association, to be held in Charlotte next month.

Will C. Sealy, M.D.

Dr. Sealy is professor of thoracic surgery at Duke University Medical Center. A native of Georgia, he received his professional education at Emory University, Atlanta, Duke University, and at University of Michigan at Ann Arbor.

He served in the Army for four years with the rank of lieutenant colonel. Dr. Sealy has been at Duke since 1946 and is a member of several professional associations. He will address the Private Duty and General Duty Sections at a joint program meeting. His subject is "Open Heart Surgery".

Janis H. David, R.N.

Miss David will moderate a panel on "Undergraduate Nursing Programs" at the Educational Administrators, Consultants, and Teachers Section program meeting. She is assistant professor at the University of North Carolina School of Nursing and advisor to the registered nurses enrolled in the baccalaureate program.

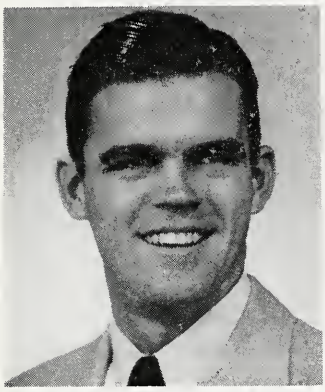
A graduate of Flower and Fifth Avenue Hospital in New York City, Miss David received her B.S. and M.A. degrees at New York University. Her professional experience includes positions as staff nurse, head nurse, and supervisor at Neurological Institute of New York; service with the Army Nurse Corps; and positions with the Visiting Nurse Service of New Jersey and Standard Oil Company of New Jersey.

Ruby L. Wilson, R.N.

Miss Wilson, assistant professor of medical-surgical nursing at Duke University School of Nursing, will moderate a panel discussion at the EACT program meeting on "Graduate Nursing Education Programs".

A graduate of Allegheny General Hospital in Pittsburgh, Pa., Miss Wilson received her B.S. degree in nursing education at the University of Pittsburg, followed by graduate work at San Francisco State College. She received her M.S. degree in nursing from Western Reserve University in Cleveland, Ohio. She has served as staff

nurse, head nurse, supervisor, and clinical instructor at Allegheny General Hospital; as instructor in surgical nursing at the University of Pittsburgh; as clinical instructor in medicine and surgery, Duke University; as head nurse at Fort Miley VA Hospital, San Francisco.



Richard M. Portwood, M.D.

Dr. Portwood will give an illustrated talk on "The Artificial Kidney" at the joint program meeting of General Duty and Private Duty Sections. A native of Kansas, Dr. Portwood received his professional education at the University of Texas, Austin, where he received his B.A. degree, and at Southwestern Medical School, Dallas, Texas, where he received his M.D. He served as intern, fellow, and resident in medicine at Parkland Memorial Hospital, Dallas, and as a fellow in medicine at Duke University Medical Center.

For the past year Dr. Portwood has had the major responsibility for maintaining the artificial kidney unit at Duke. His major interests lie in the area of renal and electrolyte physiology. He is associate in medicine at Duke, attending physician in medicine at the VA Hospital in Durham, and consultant in medicine at VA Hospital in Fayetteville. He is a member of several professional organizations, including the American Federation for Clinical Research.

Home Preparedness Film Strip Program

Immediately following the address of Dr. Elizabeth Kemble at the convention's general program session, there will be a short program of home preparedness film strips. This program has been arranged by the NCSNA Committee on Nursing in National Defense, of which Mrs. Mary Jean Fuller is chairman.

The film strips are presented with sound recordings. They will deal with family civil defense preparation, action, and health and with family fallout shelters. The program, to be held in the Washington Duke Ballroom, will last about one hour.

United Nations Day

October 24, 1960, is the 15th anniversary of the United Nations.

This day will be United Nations Day all over the world. Material suitable for district nurses' association programs about the United Nations is available from the U. S. Committee for the United Nations, 816 21st Street, N.W., Washington 6, D. C.

Nurses also are reminded that very beautiful holiday greeting cards may be purchased from the U. S. Committee for the United Nations Children's Fund, P. O. Box 22, Church Street Station, New York 8, N. Y.

RESERVATIONS FOR BANQUET AND LUNCHEONS

Tickets for all luncheons and for the banquet of the 1960 NCSNA convention will be on sale on Tuesday morning, October 25, at the registration desk at the Washington Duke Hotel in Durham. These must be purchased or reserved by Tuesday afternoon.

Last year the demand for luncheon tickets was greater than the hotel could accommodate, and many nurses went away disappointed that they could not attend their section or conference group luncheon. To avoid disappointment, **NCSNA members may this year make reservations in advance.** You still may purchase your ticket on Tuesday morning at the convention or ask a friend to buy your ticket for you. However, to be sure of a ticket, you may write in advance to NCSNA Headquarters, P. O. Box 10554, Raleigh, stating the luncheon you wish to attend, or the banquet, and giving your full name and address. Your request—a postal card will do—must reach this office by Sunday, October 23, or it may be sent to Mrs. Marie B. Noell at the Washington Duke Hotel by Tuesday, October 25.

You will be responsible for paying for any advance reservation at the registration desk when you pick up your ticket.

The banquet will be held on Wednesday evening, October 26, at 7:30 in the Crystal Ballroom of the Washington Duke Hotel. The Operating Room Conference Group luncheon will be held Wednesday, October 26, at 12:15 p.m. in the Washington Duke Crystal Ballroom. At 12 noon on Thursday, the Private Duty luncheon will be held in the Crystal Ballroom, the Head Nurses luncheon in the Washington Duke's Wedgwood Room; the Occupational Health - Office Nurses luncheon in Rooms 2 and 3 of Harvey's Cafeteria on Main Street; and the General Duty luncheon in Civic Hall at Harvey's Cafeteria.

Arrangements Committee For 1960 Convention

Co-chairmen for the 1960 Convention Arrangements Committee are Dorothy Wilkinson and Mrs. Flora W. Stanley, members of District Eleven, the host district.

The following subcommittees are busy planning the many details involved in the NCSNA convention:

Registration and Hospitality—Gloria Stevens, chairman, Juanita Ross, Mrs. Emily Pickard, Kate Herndon, Evelyn Franklin; Meeting Rooms—Nannie Blackwood; Banquet Decorations—Mrs. Jesse O'Neill; Educational Films — Betty Sue Johnson, chairman, Jane Agner, Joyce Crain; Educational Exhibits—Mrs. Mary McColm, chairman, Mrs. Marie Roberson; Exhibits for Professional Magazines—Mrs. Deeda Sessoms, chairman, Mrs. Lois Hood; Publicity — Mrs. Ernestine Bitting; Housing Facilities for Negro Nurses—Mrs. Lucille Z. Williams.

Proposed Revisions of NCSNA Bylaws

On the following several pages appear the proposed revisions of Bylaws of the North Carolina State Nurses' Association. These revisions will be considered by the House of Delegates at convention next month.

The revisions are recommended by the NCSNA Committee on Bylaws and approved by the Board of Directors in referendum vote. The Committee on Bylaws met on July 26, immediately after receiving the model forms from the American Nurses' Association, and put in a good day's work. Headquarters staff then put the revisions in order for presentation to the Board and to the ANA Committee on Bylaws.

Revisions being proposed this year are extensive. There are two major changes — the adoption of associate membership in the North Carolina State Nurses' Association and new voting procedures.

The NCSNA Board of Directors last March voted to recommend limited associate membership. Since state nurses' associations must conform with ANA in regard to membership qualifications, the proposed revisions establishing associate membership conform to ANA.

Changes in voting procedures must be made by state associations having an active Economic Security Program in order to comply with the Labor-Management Reporting and Disclosure Act of 1959. The purposes of this Act were reported to NCSNA membership in the March *Tar Heel Nurse,* page 30.

You will note that complying with this act (also referred to as the Landrum-Griffin Act) requires that NCSNA representatives to ANA convention be elected by secret ballot and that district association representatives to state meetings also must be elected by secret ballot. This requires changes in our existing procedures for nominations and elections.

Since altering the Bylaws to comply with the Landrum-Griffin Act will necessitate a reprinting immediately following the 1960 convention, the Committee on Bylaws felt that this was the appropriate time to make a number of timely editorial changes in NCSNA Bylaws. Most of these changes involve merely rephrasing or rearrangement of material, with no change in meaning. Some of this rearranging, and the subsequent renumbering, is not printed in this issue because of space limitations. All such changes have been approved by the NCSNA Board of Directors, and will be voted on at convention in October.

Three committees have been added to the list of standing committees authorized in the Bylaws. These are Committees on Nurses Professional Registries, Professional Counseling and Placement Service, and Professional Nursing Practice. NCSNA has had special committees in these areas for some time.

Following are the proposed revisions in NCSNA Bylaws to be considered by the House of Delegates at convention next month. Present bylaws appear in the left-hand column. Proposed revisions appear in the right-hand column, with changes or new provisions in italics.

PRESENT BYLAWS

ARTICLE I

Title and Functions

ARTICLE II

Constituent Associations

Section 3. Any district nurses' association which fails to comply with the requirements of these bylaws, or for other cause deemed sufficient, may be disqualified as a constituent association of the North Carolina States Nurses' Association by a two-thirds vote of the Board of Directors provided due notice has been given the district nurses' association at least three months before the vote is taken.

Section 4. A district nurses' association which has been disqualified may be reinstated by a two-thirds vote of the Board of Directors.

ARTICLE III

Membership

Section 1. The membership of the North Carolina State Nurses' Association shall consist of the members of the constituent district nurses' associations.

Section 2. Every member in good standing in the North Carolina State Nurses' Association is a member of the American Nurses' Association and every member has representation through that association in the International Council of Nurses.

PROPOSED REVISIONS

ARTICLE I

Title and Functions

i. To establish standards for nurses professional registries and approve registries which meet state standards.

ARTICLE II

Constituent Associations

Section 3. A district nurses' association which fails to comply with the requirements of these bylaws, or for other cause deemed sufficient, may be disqualified as a constituent association of the North Carolina State Nurses' Association by *unanimous* vote of the Board of Directors, provided due notice has been given the district nurses' association at least three months before the vote is taken.

Section 4. A district nurses' association which has been disqualified may be reinstated by *unanimous* vote of the Board of Directors.

ARTICLE III

Membership

Section 1. The membership of *this association* shall consist of the *active and associate* members of the constituent district associations.

Section 2. The active members of this association shall be the active members of the constituent district associations and shall have all privileges of membership. Only active members shall have the privileges of voting in sections and serving as delegates at conventions or special meetings of this association and the American Nurses' Association. Only active members shall be eligible to hold office and to serve as chairmen of standing committees.

Section 3. The associate members of this association shall be the associate members of the constituent district associations. Only members who do not anticipate employment in nursing during the current calendar year may be associate members. Upon such employment, associate members shall be required to transfer to active membership, failing which they shall forfeit the rights of associate membership and be stricken from the rolls by the constituent association of which they are members.

Associate members shall have all of the privileges of membership except those of voting, serving as delegates, holding office or serving as chairmen of standing committees. No member or applicant or membership shall be required to become an associate member if active membership is preferred.

The presentation to this association of a classified typewritten list of members in good standing in the district nurses' association, signed by the secretaries of those associations, together with the annual dues of such members, shall establish such members of district nurses' associations as members of this association.

Section 4. The presentation to this association of a classified typewritten list of *active and associate* members in good standing in the district nurses association, signed by the secretaries *or treasurers* of those associations, together with the annual dues of such members, shall establish such members of district nurses' associations as *active and associate* members, *respectively*, of this association.

ARTICLE IV

Dues

Section 1. b. The annual dues for an associate member of the North Carolina State Nurses' Association shall be $7.00 payable on or before January 15 by the constituent association. This amount includes $2.00 for dues to the American Nurses' Association.

Dues for an associate member who becomes an active member during any fiscal year and who has paid dues as an associate member for that year shall be $15.00 in addition to $7.00 previously paid. This amount includes $5.50 for dues to the American Nurses' Association.

Section 4. Not later than March 15, the treasurer of this association shall pay to the American Nurses' Association $7.50 per capita for the membership of the North Carolina State Nurses' Association for the current calendar year.

Section 4. Not later than March 15, the treasurer of this association shall pay to the American Nurses' Association $7.50 per capita for the *active* membership and *$2.00 per capita for the associate membership* of the North Carolina State Nurses' Association for the current calendar year.

ARTICLE V
Officers

ARTICLE VI
Duties of Officers

ARTICLE V
Officers and Duties of Officers

(These two articles combined. Editorial changes only)

ARTICLE VI

Nominations

Section 1. On or before February 1 of each year the Committee on Nominations shall send to the constituent district associations the names of officers then serving, indicating those whose terms of office will expire at the next annual convention and those eligible for re-election, together with the names of members of the Committee on Nominations. The Committee on Nominations shall request from every district nurses association a list of names of active members representative of the established sections of those associations or of the American Nurses' Association. These members shall be qualified and willing to serve in the offices for which their names are submitted.

Section 2. In the odd years the Committee on Nominations shall also request a list of names of active members qualified and willing to serve as delegates-at-large or as alternates for delegates-at-large to the ANA convention to be held in the next even year.

Section 3. All lists shall be submitted not later than May 1 to the Committee on Nominations of this association and shall be signed by the president or secretary of the respective constituent district association.

From these lists insofar as possible the Committee on Nominations shall prepare a ticket consisting of at least two nominees for each office to be filled. This ticket shall be representative, insofar as possible, of the established sections as stated in Section 1, and the various geographical areas of the state.

Section 4. If the name of a member of the Committee on Nominations is submitted as a suggested candidate for the ballot of this association with the permission of that member, said member shall resign from the committee.

Section 5. The ticket shall be presented to the Board of Directors of this association and then mailed by the secretary of this association to each district nurses' association at least one month prior to the annual convention.

Section 6. Additional nominations may be made from the floor at the convention and voting shall not be limited to the nominees.

Section 7. No name shall be presented to a convention either by the Committee on Nominations or from the floor unless the nominee has consented to serve if elected. No nominee shall appear on the ballot if election could result in concurrent office as chairman or vice-chairman of a state section or membership on the board of directors of any other state nursing organization.

ARTICLE VII

Elections

Section 5. At annual conventions held in the odd years three delegates-at-large, one of whom shall be president, shall be elected to serve as representatives of this association to the ANA convention to be held in the next even year. One alternate for each delegate-at-large shall also be elected.

Section 4. All elections shall be by ballot.

Section 6. All elections shall be by *secret* ballot.

Section 7. The secretary of this association shall furnish to the chairman of the tellers, not less than two hours before the opening of the polls, a complete list of delegates of the district nurses' associations.

Section 9. The secretary of this association shall furnish to the chairman of the tellers not less than two hours before the opening of the polls a complete list of the delegates of the district nurses' associations. *Delegates who have paid dues are immediately eligible to vote regardless of delay in the transmission of dues.*

Section 5. A plurality vote of those present, entitled to vote, and voting, shall constitute an election. The two nominees for directors who receive the highest number of votes shall be declared elected. In case of a tie, the choice shall be decided by lot.

Section 12. A plurality vote of those present, entitled to vote and voting, shall constitute an election. The two nominees for director, *the three nominees for the Committee on Nominations and the two nominees for delegate-at-large, other than the president, who receive the highest number of votes shall be declared elected. The three nominees for delegate-at-large who receive the next highest number of votes shall be declared elected as alternates.* In the case of a tie, the choice shall be decided by lot.

Section 13. All ballots, credentials of the voting body, and other records of the election shall be preserved for one year after the election.

ARTICLE XIV

Representation

Section 1. The voting body at all meetings shall consist of the accredited delegates in attendance from the district nurses' associations.

Section 2. Each district nurses' association shall be entitled to one delegate for every ten members computed on the basis of membership thirty days before the opening day of the convention. Any district nurses' association having less than ten members shall be entitled to one delegate.

Section 3. The secretary of each district nurses' association shall send a list of the accredited delegates from that asciation to the secretary of the North Carolina State Nurses' Association at least ten days before the opening day of the convention. A list of alternates may also be submitted by each district nurses' asciation.

Section 4. If all accredited delegates from a district nurses' association are not in attendance at a convention, the president of the district association may fill vacancies from the list of alternates submitted by that association. If the list of alternates is exhausted and vacancies remain, the president of the district nurses' association shall be empowered to appoint as delegates other members of that asociation who are in attendance.

ARTICLE IX

Representation at State Meetings

Section 1. The voting body at all *conventions and special meetings of this association* shall consist of the *Board of Directors of this association and* the accredited delegates in attendance from the constituent associations.

Section 2. a. Each constituent district association shall be entitled to one delegate for every ten members *of each established section or the various areas of nursing practice representative of the established sections of this association or of the American Nurses' Association.* Any district nurses' association with *fewer* than ten members *in all such sections or areas of nursing practice* shall be entitled to one delegate.

b. Delegate representation shall be computed on the basis of membership in the district nurses' associations on July 1 preceding an annual convention or special meeting of this association as evidenced by dues paid to this association or postmarked by such time.

Section 3. *a. Not less than ten weeks preceding the annual convention and ten days preceding a special meeting, the secretary of this association shall notify each constituent district association of the number of delegates to which it is entitled.*

b. The secretary of each district nurses' association shall send a list of *all* the accredited *delegates and alternates* from that association to the secretary of the North Carolina State Nurses' Association at least ten days before the opening day of a convention or *three days before a special meeting of this association.*

c. If all of the accredited delegates from a district nurses' association are not in attendance at a convention *or special meeting, alternates shall fill the vacancies. Alternates shall become delegates in the order of votes received in the election, beginning with the alternate who received the highest number of votes.*

Section 5. All delegates shall present credentials at the time of registration. No delegate shall be permitted to cast more than one vote in any one election or in any matter coming before the convention.

Section 7. (a) The North Carolina State Nurses' Association is entitled to representation at biennial conventions or special meetings of the American Nurses' Association on the basis of one delegate for every two hundred members of each section or fractional part thereof, provided that the number of members does not fall below the numerical criterion for the establishment of a section. Delegates are to be computed on the number of members of each section of this association in good standing in the ANA on December 31 of the year preceding a biennial convention or special meeting. A section may choose members of other sections as delegates in order to fill its quota.

(b) Each section of each district nurses' association shall be asked to submit to the secretary of the corresponding state section a list of nominees for delegates to biennial conventions or special meetings of the American Nurses' Association. Where no sections exist, the district nurses' association shall submit, on the basis of membership as stated in Section 7 (a) of this article, a list of nominees selected from the various areas of nursing practice representative of the

Section 4. All delegates shall present credentials at the time of registration. No delegate, *officer or board member* shall be permitted to cast more than one vote in any election or on any matter coming before a convention *or special meeting.*

ARTICLE X

Representation at National Meetings

Section 1. a. The North Carolina State Nurses' Association is entitled to representation at biennial conventions or special meetings of the American Nurses' Association on the basis of one delegate for every two hundred members of each *state* section or fractional part thereof, provided that the number of members does not fall below the numerical criterion for the establishment of a section *and that such sections are organized according to the criteria established by the American Nurses' Association.*

Delegates shall be elected by secret ballot of the active members of the section. A section may elect members of other sections as delegates in order to fill its quota.

b. Delegates are to be computed on the number of members of each section of this association in good standing in the American Nurses' Association on December 31 of the *even* year preceding a biennial convention or special meeting *as evidenced by annual dues paid that association or postmarked by such time.*

c. Not later than August 1 of the year between biennial conventions, the American Nurses' Association shall notify the president and executive or elected secretary of this association of the number of delegates to which the association is entitled.

d. The Committee on Nominations of each state section entitled to elect delegates to a convention or special meeting of the American Nurses' Association shall prepare a ballot for the election of such delegates in the odd years. Names for alternates shall also be included on the ballot.

Each section of each district nurses' association shall be asked to submit to the *Committee on Nominations* of the corresponding state section a list of nominees

established sections of this association or of the American Nurses' Association. If any district nurses' association has less than one hundred members and no sections it may submit the name of one nominee.

(c) Since the North Carolina State Nurses' Association is entitled to three delegates-at-large to biennial conventions or special meetings of the American Nurses' Association, these delegates-at-large shall be elected by the Board of Directors of the North Carolina State Nurses' Association.

Section 8. If a special meeting of the ANA is held in the month of January or February, for the purpose of computing the number of delegates to which this association shall be entitled, the number of members shall be deemed to be the members of this association in good standing in the ANA on November 1 of the year preceding a special meeting.

ARTICLE VII

Board of Directors

Section 3. Special meetings of the Board of Directors may be called by the president on two days notice to each member of the board either personally or by mail or telegraph, and shall be called by the president in like manner or on like notice upon the written request of five or more members of the Board of Directors. Special meetings shall be held at such time and place as may be specified in the notice thereof.

ARTICLE XI

Standing Committees

Section 1. Standing committees shall be composed of members of the association, and shall assume such duties as are assigned by the Board of Directors and specified in these bylaws. Standing committees shall report to the Board of Directors when requested to do so. Members of the state student organization shall be eligible to attend committee meetings of the North Carolina State Nurses' Association.

for delegates *and alternates*. Where district sections do not exist, the district nurses' association shall submit *lists of nominees selected according to state section membership.*

Section 2. The North Carolina State Nurses' Association is entitled to three delegates-at-large to biennial conventions or special meetings of the American Nurses' Association. These delegates *and their alternates shall be elected by secret ballot of the voting body of this association.* See Article VII, Section 5.

Section 3. If a special meeting of the American Nurses' Association is held in the month of January or February *of an odd numbered year, the basis for computing the number of delegates to which this association shall be entitled shall be the number of members of this association in good standing in the American Nurses' Association on December 31 of the preceding odd year as evidenced by annual dues paid to that association or postmarked by such time.*

ARTICLE XI

Board of Directors

Section 3. Special meetings of the Board of Directors may be called by the president on two days notice to each member of the board either personally or by mail or telegraph, and shall be called by the president in like manner or on like notice upon the written request *of not less than five constituent district associations or* five members of the Board of Directors. Special meetings shall be held at such time and place as may be specified in the notice thereof.

ARTICLE XIII

Standing Committees

Section 1. a. Standing committees, *except the Committee on Nominations, may be composed of active and associate members* of the association, and shall assume such duties as are assigned by the Board of Directors and specified in these bylaws. Standing committees shall report to the Board of Directors when requested to do so. *Only active members shall be chairmen of standing committees, and on all*

standing committees, active members shall be in the majority.

b. Members of the Student Nurse Association of North Carolina shall be eligible to attend committee meetings of this association.

Section 2. The following standing committees shall be appointed at or immediately after each annual convention, to serve until the next convention, or until their respective successors are appointed:

(1) Committee on Constitutions and Bylaws.
(2) Committee on Finance.
(3) Committee on Legislation.
(4) Committee on Nominations. (except three elected members)
(5) Committee on Promotion of Program, Public Relations and Membership.
(6) Committee on Service Fund.

Section 2. The following standing committees, *with the exception of three members of the Committee on Nominations who shall be elected as hereinbefore provided,* shall be appointed at or immediately after each annual convention to serve until the next convention or until their respective successors are appointed:

Bylaws
Finance
Legislation
Nominations
Nurses Professional Registries
Professional Counseling and Placement Service
Professional Nursing Practice
Promotion of Program, Public Relations, and Membership
Service Fund

Section 6. The COMMITTEE ON NOMINATIONS shall consist of five members, three of whom shall be elected as provided for in Article XII of these bylaws. Not more than one member of this committee is to be a member of any one district nurses' association.

Section 6. The Committee on Nominations shall consist of five *active* members, three of whom shall be elected as provided for in Article VII. Section 3, of these bylaws. *The member receiving the highest number of votes in the election shall be the chairman.* Not more than one member of this committee is to be a member of any one district nurses' association. This committee shall perform the duties as described in Article VI of these bylaws.

(Delete remainder of this section. Incorporated in new Article VI.)

Section 7. *The Committee on Nurses Professional Registries shall consist of at least three members. This committee shall:*

a. Prepare and revise state standards for professional registries in accordance with the registry standards of the ANA.

b. Outline procedures which will guide districts in the development of a sound registry program.

c. Evaluate registries on the basis of the state standards for approval as professional registries.

d. Re-evaluate all professional registries periodically to determine whether

they meet the standards for professional registries.

c. Advise the Board of Directors on registry matters.

Section 8. *The Committee on Professional Counseling and Placement Service shall consist of not less than five members. This committee shall:*

a. Advise with regard to operation of the state Professional Counseling and Placement Service.

b. Formulate policies which serve as a basis for operation of the state Professional Counseling and Placement Service.

c. Assist in promoting the state Professional Counseling and Placement Service.

d. Establish criteria to be used in developing, maintaining and evaluating the Professional Counseling and Placement Service of districts.

Section 9. *The Committee on Professional Nursing Practice shall be composed of nine members of the association representing the committees on functions, standards, and qualifications for practice of each of the sections. This committee shall:*

a. Foster understanding and acceptance of nursing as a professional practice.

b. Work to bring about adherence to ethical, professional, and legal standards of nursing practice.

c. Coordinate those activities of the committees on functions, standards, and qualifications for practice of the sections of the state association which are designed to implement professional standards.

d. Receive and take appropriate action upon complaints and related problems in nursing practice from the profession and the public.

ARTICLE XIII

Sections

Section 2. There may be a section for each of the following groups of professional nurses:

(1) Educational administrators, consultants, and teachers.

(2) General duty nurses.

(3) Institutional nursing service administrators.

(4) Occupational health nurses.

(5) Office nurses.

ARTICLE XIV

Sections

Section 2. There *shall* be a section in the North Carolina State Nurses' Association for each of the following groups of professional nurses:

Educational Administrators
Consultants, and Teachers
General Duty Nurses
Head Nurses
Nursing Service Administrators

(6) Private duty nurses.
(7) Public health nurses.

Occupational Health Nurses
Office Nurses
Private Duty Nurses
Public Health Nurses

Section 4. Functions of a section shall include the following:

p. To elect delegates to biennial conventions and special meetings of the American Nurses' Association in conformity with Article X, Representation at National Meetings, of these bylaws.

Section 7. All members of a section in attendance at a section meeting are entitled to vote on all matters coming before the section.

Section 8. All *active* members of a section in attendance at a section meeting are entitled to vote on all matters coming before the section.

Section 10. *A branch shall be dissolved:*

a. Upon becoming a section.

b. Upon the dissolution of the section of which it is a part.

A branch may be dissolved by two-thirds vote of the Executive Committee of the section of which it is a part:

a. Upon recommendation of the branch.

b. Upon failure to carry out its objectives or to conform to the requirements, principles, or interests of the association.

Section 11. A conference group shall be dissolved when only one section is represented in its membership.

A conference group may be dissolved upon agreement of its members that there is no reason for its continuance.

ARTICLE XIX

Duties of District Nurses' Associations

(d) To send to the secretary of this association a copy of the constitution and bylaws and all amendments adopted by the district nurses' association.

(f) To send to the secretary of this association the names and addresses of all those who are entitled to attend the annual convention as members of the voting body at least ten days before the opening day of the convention and to inform the secretary of all changes as promptly as possible.

(g) To nominate through district sections delegates to the biennial convention

ARTICLE XV

Duties of Constituent District Associations

d. *To adopt and maintain bylaws consistent with the bylaws of this association and keep this association supplied with complete and up-to-date copies of same.*

f. To send to the secretary of this association at least ten days before the opening day of the convention the names and addresses of all those *who have been elected* to attend the annual convention as members of the voting body.

g. To nominate delegates to the biennial convention and special meetings of

and special meetings of the American Nurses' Association in conformity with Article XIV, Sections 7 and 8, of these bylaws and to send the names of these nominees, with addresses, to the secretary of the appropriate state section.

ARTICLE XVI

Quorum

Section 3. A majority of the Board of Directors, a majority of whom shall be elected members and one of whom shall be the president or a vice-president, shall constitute a quorum at any meeting of the board.

the American Nurses' Association in conformity with Article *X*, *Representation at National Meetings*, of these bylaws and to send the names of these nominees, with addresses, to the *Committee on Nominations* of the appropriate state section.

ARTICLE XVIII

Quorum

Section 2. A majority of the Board of Directors, *including the president or a vice-president*, shall constitute a quorum at any meeting of the board.

Candidates for Election

North Carolina State Nurses' Association

President	Mrs. Ione B. Bain	Granite Falls
	Atha Howell	Greensboro
First Vice-President	Ruby Dameron	Charlotte
	Mrs. Phyllis M. Martin	Greenville
Second Vice-President	Mrs. Xanie Ruth Adams	Charlotte
	Mary Copeland	Asheville
	Mrs. Anna D. Roberson	Wilson
Secretary	Inez Finch	Wilson
	Mrs. Marjorie Cox Gray	Charlotte
Treasurer	Mrs. Mary T. Bass	Lucama
	Mrs. Mildred W. Emory	Raleigh
	Ethel Harrison	Chapel Hill
Directors (elect 2)	Martha Adams	Winston-Salem
	Mrs. Willistine Blackshear	Wilson
	Mrs. Mary W. Bowden	Wallace
	Loree J. Fincher	Charlotte
	Mrs. Joan B. Lyerly	Statesville
	Annie H. Robinson	Gastonia
	Gloria Stevens	Durham
Committee on Nominations (elect 3)	Mrs. Helen P. Cashion	Salisbury
	Mrs. Louise Clapp	Greenville
	Laura V. Graham	Fayetteville
	Mrs. Vernice N. Hatos	McCain
	Mrs. Maud S. Peele	Ahoskie
	Sister Mary Peter	Charlotte
	Louise Yount	Monroe

EACT Section

Chairman	Dorothy Lee Dixon	Wilmington
	Mrs. Pauline W. McCaskill	Chapel Hill
Second Vice-Chairman	Josephine Rappaport	Kinston
	Mrs. Margaret C. Warren	Greensboro
Executive Committee (elect 1)	Alice C. Boehret	Greensboro
	Mrs. Edith P. Brocker	Durham
	Sister Mary Jerome	Charlotte
Committee on Nominations (elect 3)	Martha Clyde Davis	Raleigh
	Thelma M. Ingles	Durham
	Mrs. Elinor Medlin	Charlotte
	Evelyn L. Perry	Raleigh
	Esther K. Sump	Chapel Hill
	Mrs. Violet W. Thorne	Wilson

General Duty Section

Chairman	Mrs. Etta Mae Bowen	Reidsville
First Vice-Chairman	Patricia C. Hansen	Charlotte
	William S. Wiley	Asheville
Second Vice-Chairman	Rosalie Hassell	Hendersonville
	Mrs. Ruby G. Pervis	Winston-Salem
Secretary	Mrs. Elaine Gill	Asheville
Executive Committee (elect 2)	Mrs. Nancy S. Baumann	Durham
	Phyllis Bone	Raleigh
	Rosa Lee Calloway	Asheville
	Joyce Dell Hewett	Wilmington
	Mrs. Minnie S. Howie	Fayetteville
	Mrs. Faye T. Jones	Rose Hill
	James Taylor, Jr.	Salisbury
Committee on Nominations (elect 3)	Sara G. Evans	Wilmington
	Mrs. Agnes N. Kondracki	Wilmington
	Mrs. Thelma B. Stone	Cary
	Mrs. Lucille B. Tucker	Farmville
	Mrs. Ruby E. Wally	Leaksville

Head Nurses Section

Chairman	Mabel Hughes	Wilmington
	Mrs. Doris G. Pruitt	Asheville
First Vice-Chairman	Mrs. Margaret B. McCotter	Durham
	Mrs. Susan Frances Miller	Mt. Holly

Second Vice-Chairman	Lucy Taylor Tart	Chapel Hill
Secretary	Lillie M. Henson	Asheville
	Jerry Ann Moore	Winston-Salem
Executive Committee (elect 2)	Mrs. Jeannette K. Alexander	Winston-Salem
	Mrs. Elizabeth M. Brown	Winston-Salem
	Mrs. Helen P. Cashion	Salisbury
	Martha Linda Rea	Raleigh
	Mrs. Ella Washington Williams	Asheville
Committee on Nominations (elect 3)	Marguerite Ann Bergsma	Durham
	Bessie Wilson Cooper	Asheville
	Mrs. Loraine U. Daniels	Raleigh

INSA Section

Chairman	Myrtle J. Barnette	Hendersonville
Second Vice-Chairman	L. Cynthia Reinhardt	Fayetteville
	Mrs. Glenola B. Williams	Fayetteville
Executive Committee (elect 1)	Lucy Lee Boylan	Chapel Hill
	Mrs. Edna B. Crook	Fayetteville
Committee on Nominations (elect 3)	Mrs. Margaret Hicks Deese	Rockingham
	Mary Carolyn Jordan	Fayetteville
	Miriam Longfield	Chapel Hill
	Mrs. Maud S. Peele	Ahoskie
	Lalan Mary Patterson	Pinehurst
	Mrs. Elibazeth J. Stanford	Greenville

Occupational Health Section

Chairman	Mrs. Evelyn R. Talley	Sanford
	Mrs. Diora W. Westmoreland	Marion
First Vice-Chairman	Mrs. Bessie Mae Snoddy	Charlotte
	Lillian M. Tilley	Greensboro
Second Vice-Chairman	Mrs. Marjorie Cox Gray	Charlotte
	Mrs. Ruby M. Thomas	Wilmington
Secretary	(to be nominated)	
Executive Committee (elect 2)	Mrs. Faye R. Abernathy	Hickory
	Mrs. Ione B. Bain	Granite Falls
	Mrs. Etta Cox Horner	Charlotte
Committee on Nominations (elect 3)	Mrs. Louise K. Osborne	Mocksville
	Mrs. Hattie S. Young	Candler

Office Nurse Section

Chairman	Mrs. Ada C. Poole	Roseboro
First Vice-Chairman	(to be nominated)	
Second Vice-Chairman	Mrs. Ethel P. Oakley	Burlington
Secretary	(to be nominated)	
Executive Committee (elect 2)	Mrs. Martha C. Rushing	Whiteville
	Margaret Ann Wingate	Charlotte
Committee on Nominations (elect 3)	Ruby H. Dameron	Charlotte
	Mrs. Lena H. Page	Washington
	Mrs. Mabel Lea Reynolds	Greensboro
	Mrs. Sue A. Shook	Wilkesboro

Private Duty Section

Chairman	Mrs. Myrtle B. McKeithan	Wilmington
First Vice-Chairman	Mrs. Marie W. Davis	Bethel
	Mrs. Mary Jane Lindsay	High Point
Second Vice-Chairman	Mrs. Louise S. Clapp	Greenville
	Mrs. Lena B. Hayes	Rocky Mount
	Mrs. Grace P. Kanoy	Thomasville
Secretary	Mrs. Shellie M. Bowden	Bethel
	Mrs. Florence M. Walker	Hamlet
Executive Committee (elect 2)	Mrs. Mary Sue Davis	Winston-Salem
	Mrs. Arminda P. Gurley	Rocky Mount
	Mrs. Marguerite L. Hood	Greensboro
	Sallie Blanche Strowd	Fayetteville
Committee on Nominations (elect 3)	Mrs. Bertha F. Crutchfield	Pinehurst
	Mrs. Sylvia G. Foy	High Point
	Mrs. Pearle A. Pearson	Southern Pines
	Mary V. Reavis	Winston-Salem
	Mrs. Mary Rayle Smith	Greensboro

Public Health Section

Chairman	Clara Henderson	Charlotte
First Vice-Chairman	Margaret C. Evans	Lumberton
	Mrs. Evelina K. Hasty	Charlotte
Second Vice-Chairman	Shirley E. Callahan	Chapel Hill
	Mrs. Mary Robertson Griffin	Scotland Neck
	Mrs. Winifred C. Johnson	Moncure
Secretary	Mrs. Jeannette Cogburn Abbott	Canton
	Eunice E. Benjamin	Charlotte
	Mrs. Coda Ruth Chambers	Greensboro

Executive Committee (elect 2)	Winnifred L. Bradley	Wilmington
	Mrs. Betty Chapman Eller	Greensboro
	Mrs. Mary Edith Rogers	Charlotte
Committee on Nominations (elect 3)	Mrs. Frances Ameen	High Point
	Mrs. Helen Ballard	Wallace
	Mrs. Davis Dickens Clark	Weldon
	Mrs. Doris W. Hicks	Bryson City
	Ruby A. Lentz	Salisbury
	Mrs. Carrie T. McNeill	Jefferson
	Martha S. Parton	High Point
	Mrs. Betty J. West	Wilmington

Operating Room Nurses Conference Group

Chairman	Sue Ann Brown	Raleigh
Vice-Chairman	Betty Jean Overcash	Durham
	Nellie D. Martin	Hiddenite
Secretary	Anna L. McKay	Charlotte
	Mary E. Orren	Belmont
Committees on Nominations	Sue Emerson	N. Wilkesboro
	Emma Mae Hylton	Mt. Airy
	Mrs. Maud S. Peele	Ahoskie
	Sylvia S. Pressman	Charlotte
	Mrs. Lelamae S. Scott	Charlotte

Meet The NCSNA Candidates - - -

Adams, Martha M.—Mather School of Nursing, New Orleans, La.; B.S. degree in nursing at Queens College, Charlotte. Present position: director of nursing at City Memorial Hospital, Winston-Salem. Previous experience includes supervisor, head nurse in Navy Nurse Corps, staff nurse, assistant nursing arts instructor. Has served as president and program committee chairman of INSA Section of district association; as chairman of INSA Section of NCSNA; and as member of various state association committees. Currently is president of NCSNA. Member of Altrusa Club Board of Directors and active in church work as Sunday School teacher.

Adams, Mrs. Xanie Ruth—Presbyterian Hospital School of Nursing, Charlotte. Attended High Point College; B.S. in nursing at Queens College, Charlotte; certificate in public health nursing at School of Public Health, University of North Carolina. Present position: supervising nurse in Mecklenburg County Health Department. Previous experience includes private duty, general duty, and 11 years as staff nurse in Charlotte Health Department. Has served as president of Presbyterian Alumnae Association; member of various committees of District Five Nurses' Association; and as vice-chairman of NCSNA Public Health Section. Currently is member of District Five Board of Directors. Special interests are music, camping, books, and writing.

Bain, Mrs. Ione Branch—City Memorial Hospital School of Nursing, Winston-Salem. Present position: industrial nurse, Shuford Mills, Granite Falls. Previous experience includes private duty, Army Nurse Corps, public health nursing in Davidson County, office nursing in Winston-Salem, central supply room at Watts Hospital in Durham and general duty at Richard Baker Hospital in Hick-

ory. Has served as president of District Two Nurses' Association and as chairman of NCSNA Industrial Nurses' Section. Also served as chairman of Nurses' Section, N. C. Industrial Safety Conference, in 1955 and 1957 and as president of local American Legion Auxiliary. Special interest is writing. Article, "Hi Nurse", published in AAIN **Journal**, March 1959.

Bass, Mrs. Mary T.—Carolina General Hospital School of Nursing, Wilson. Present position: private duty. Previous experience: head nurse, night supervisor. Currently chairman of District Eighteen Private Duty Section; member of Board of Directors of Wilson School of Nursing and member of Alumnae Association Board of Trustees. Also has served as member of District Eighteen Nurses' Association Board of Directors, has held various offices in Alumnae Association, and member of district association Nominating Committee. Special interests are church, Home Demonstration Club, and 4-H Leaders Association.

Blackshear, Mrs. Willistine S.—Wilson School of Nursing, Wilson. Present position: assistant head nurse, medical and surgical ward at Carolina General Hospital. Currently president of District Eighteen Nurses' Association, president of Wilson School of Nursing Alumnae Association, chairman of Carolina General in-service program. Has served on District Eighteen Program Committee. Special interests are church, gardening, Community Concert Association.

Bowden, Mrs. Mary W.—Philadelphia General Hospital School of Nursing, Philadelphia, Pa.; Richmond Professional Institute, Richmond, Va. Currently is president of District Twenty-Seven Nurses' Association. Present position: general duty at Duplin General Hospital. Previous experience includes general duty in New York, public health nursing in Cleveland and Duplin County Health Departments, night supervisor at Duplin General Hospital, and office nursing. Has served as president of Wallace Junior Woman's Club and is active in church work.

Cashion, Mrs. Helen P.—H. F. Long Hospital School of Nursing, Statesville. Present position: head nurse of recovery unit. Previous positions: night supervisor, head nurse of medical-surgical unit at Long Hospital. Has served as chairman of NCSNA Head Nurses Section. Active in church work and as Cub Scout den mother.

Clapp, Mrs. Louise S.—Pitt Memorial Hospital School of Nursing, Greenville. Present position: private duty nursing. Previous experience: general duty. Currently is chairman of Private Duty Section of District Twenty Nurses' Association. Has served as president of district nurses' association. Special interests are church work, serving as member of Church Board, politics, and Business and Professional Women's Club.

Copeland, Mary E.—Memorial Mission Hospital School of Nursing, Asheville; B.S. in public health nursing, University of North Carolina; M.A. at Teachers College, Columbia University. Present position: public health nursing consultant, State Board of Health. Previous experience: supervisor of public health nursing, Columbus, Ga.; director of nursing at Columbus City Hospital; associate professor in public health nursing, Emory University School of Nursing, Emory, Ga. Currently is president of District One Nurses' Association. Has served as vice-president of district, president of district association of Georgia State Nurses' Association, and secretary of Georgia State League for Nursing. Member of Business and Professional Women's Club of Asheville, North Carolina League for Nursing, American Public Health Association, and Executive Committee of North Carolina Public Health Association.

Dameron, Ruby H. — Presbyterian Hospital School of Nursing, Charlotte. Present position: office nurse. Previous experience: operating room supervisor, night supervisor, clinical instructor. Has served as president and treasurer of District Five Nurses' Association, president of Alumnae Association, secretary and first vice-president of NCSNA, member NCSNA Board of Directors, chairman of NCSNA Office Nurses' Section.

Emory, Mrs. Mildred W.—Rex Hospital School of Nursing, Raleigh; summer courses at Duke University. Present position: surgical supervisor at Rex Hospital. Previous experience: general duty, head nurse, and office nurse. Currently is president of District Thirteen Nurses' Association. Has served as chairman of district Committee on Nominations and as vice-president of district. Special interests are church, sports, and sewing.

Finch, Inez—Woodard-Herring Hospital School of Nursing, Wilson. Present position: private duty. Previous experience: general duty and night supervisor. Currently is president of Alumnae Association, treasurer of District Eighteen Nurses' Association, and second vice-chairman of NCSNA Private Duty Section. Active in Junior Woman's Club of Wilson.

Fincher, Loree Jane—Charlotte Memorial Hospital School of Nursing, Charlotte; courses at Duke University. Present position: head nurse of surgical floor, Charlotte Memorial Hospital. Previous experience: general duty. Currently is recording secretary of District Five Nurses' Associa-

tion. Has served as president of Alumnae Association, corresponding secretary and chairman of INSA Section of district association. Active in church, Charlotte Business and Professional Women's Club, and various health fund drives.

Graham, Laura Virginia — Pittman Hospital School of Nursing, Fayetteville; Duke Hospital School of Anesthesia. Present position: anesthetist at Veterans Hospital, Fayetteville. Previous experience: general duty at Lee County Hospital, Sanford; supervisor of nurses at Pittman Hospital; Army Nurse Corps; Anesthetist at Watts Hospital. Currently is chairman of American Journal of Nursing Committee, District Fourteen Nurses' Association. Has served as district president and vice-president and as vice-president of North Carolina Association of Nurse Anesthetists. Also active in American Association of Nurse Anesthetists.

Gray, Mrs. Marjorie Cox—Mercy Hospital School of Nursing, Charlotte, courses at Duke University, Queens College, Sacred Heart College and Georgia State College for Women. Present position: occupational health nurse for Esso Standard Oil Company, Carolinas Division, Charlotte. Previous experience: office nurse; assistant director of nurses at Mercy Hospital; director of nursing services, Mecklenburg County Chapter, American Red Cross; owner-director of Home Care Visiting Nurse Service in Charlotte. Currently is president of District Five Nurses' Association, secretary of NCSNA, secretary of NCSNA Occupational Health Nurses Section. Has served in various offices in Alumnae Association; as treasurer, member of Board of Directors, and program chairman of District Five; as program chairman of NCSNA Occupational Health Nurses Section. Other interests and activities include Junior Woman's Club, in which she has served as state communications chairman; community health organizations, having served on the Board of Directors of the Mecklenburg Unit, American Cancer Society, and as member of Health Committee of Heart Service of Charlotte; entertainment for shut-ins as member of Clown Club; author of several published articles; member of 1960 Planning Committee for AMA Council on Industrial Health.

Harrison, Ethel F.—Duke University School of Nursing, Durham; B.A. degree at Teachers College, Montclair, N. J.; M.A. degree in nursing education, Teachers College, Columbia University. Present position: assistant director of nursing service, North Carolina Memorial Hospital, Chapel Hill. Previous experience: Army Corps; staff nurse, head nurse, supervisor at Memorial Hospital for Cancer and Allied Diseases, New York City; medical-surgical supervisor, N. C. Memorial Hospital. Currently is chairman of INSA Section of NCSNA and member of NCSNA Committee on Nursing Care of Chronically Ill and Aged. Has served previously on INSA Section Executive Committee. NCSNA representative to North Carolina Commission on Patient Care. Special interest are fishing, sailing, carpentry, wood-working.

Hatos, Mrs. Vernice N.—Martin Memorial Hospital School of Nursing, Mt. Airy, special courses at University of North Carolina. Present position: supervisor of central supply, McCain Sanatorium. Previous experience includes nursing arts instructor, assistant director of nurses, director of nurses at North Carolina Sanatorium (now McCain). Currently is member of District Twelve Nurses' Association Board of Directors. Has served as president and vice-president of district association. Member of Eastern Star and Woman's Club.

Howell, Atha—Presbyterian Hospital School of Nursing, Charlotte; B.S. in nursing at Queens College, Charlotte; M.A. in public health nursing, Peabody College, Nashville, Tenn.; special courses at School of Public Health, University of North Carolina. Present position: director of nursing division, Guilford County Health Department. Previous experience: private duty; staff nurse at Forsyth County Health Department; supervisor of out-patient department, Baptist Hospital, Winston-Salem; educational supervisor, Guilford County Health Department. Currently is first vice-president of NCSNA and chairman of NCSNA Committee on Legislation. Has served as first vice-chairman of NCSNA Public Health Nurses Section; president of District Eight Nurses' Association; member of NCSNA Committee on Membership, Program, and Public Relations. Member of American Public Health Association and North Carolina Public Health Association. Active in church as Sunday School teacher and member of choir.

Lyerly, Mrs. Joan Byford—Davis Hospital School of Nursing, Statesville; secondary education in England; courses at University of Pittsburgh, Mitchell College in Statesville, and Queens College in Charlotte. Present position: instructor at Davis Hospital. Previous experience: visiting nurse for Metropolitan Life Insurance Co., staff nurse at Shadyside Hospital, Pittsburgh. Served as president of District Four Nurses' Association. Has served as chairman of District Public Health Nurses Section in Tennessee.

Martin, Mrs. Phyllis M.—South Baltimore General Hospital School of Nursing; B.S. degree at Waynesburg College, Waynesburg, Pa.; courses in nursing education at University of Maryland. Present position: director of nursing service, Pitt County Memorial Hospital, Greenville. Previous experience: evening supervisor, assistant nursing arts instructor. Currently serving as president of District Twenty Nurses' Association. Has served on district committee and Board of Directors. Chairman of Pitt County Red Cross Nursing Service and Civil Defense Nursing Service. Special interests are church, painting, sewing, and shell and stamp collecting.

Peele, Mrs. Maud S.—Garfield Memorial Hospital School of Nursing, Washington, D. C.; attended Wilson College, Washington, D. C.; medical field service schools and army extension courses. Present position: operating room supervisor, Roanoke-Chowan Hospital, Ahoskie. Previous experience: Head Nurse, office nurse Army Nurse Corps. Currently is president of District Twenty-Four Nurses' Association. Has served as secretary of district; member of Research and Development Team of U. S. Army Reserve; member of Business and Professional Women's Club and American Legion. Special interests: music, gardening, dogs.

Roberson, Mrs. Anna D. — Carolina General Hospital School of Nursing, Wilson. Present position: private duty. Previous experience: general duty, office nursing, supervisor. Currently is chairman of Private Duty Section, District Eighteen Nurses' Association. Has served as district secretary and member of Board of Directors and as president of Alumnae Association. Special interest is church work.

Robinson, Annie H.—St. Luke's Hospital, New York; St. Mary's College, Raleigh; B.S. in public health nursing, University of North Carolina School of Public Health. Present position: director of public health nursing, Gaston County Health Department. Previous experience: private duty; staff nurse at Charlotte Health Department; supervising nurse at Cabarrus County Health Department, Concord. Currently is chairman of Public Health Section, District Five Nurses' Association. Has served as chairman of NCSNA Public Health Nurses Section and chairman of NCSNA Committee on Service Fund since 1949.

Stevens, Gloria—Ellis Hospital School of Nursing, Schenectady, N. Y.; courses at Duke University. Present position: head nurse, Duke Hospital. Previous experience: clinical instructor, Ellis Hospital, New York; general duty and assistant head nurse. Currently is secretary of District Eleven.

Sister Mary Peter—Mercy Hospital School of Nursing, Charlotte; B.S. in nursing education, Catholic University, Washington, D. C. Present position: director of nursing service, St. Joseph's Hospital, Asheville. Previous experience: supervisor of surgical, medical, and obstetrical services, director of nursing, hospital administrator. Member of American College of Hospital Administrators. Has served as secretary of Charlotte Hospital Council and of Tri-State Catholic Hospital Association.

Yount, Louise—James Walker Memorial Hospital School of Nursing, Wilmington; Lenoir Rhyne College; courses at Duke University, University of North Carolina, and Catholic University. Present position: director of nurses, Union Memorial Hospital, Monroe. Previous experience: office nursing; instructor, Tayloe Hospital, Washington; nursing arts instructor and educational director at Rex Hospital, Raleigh, and James Walker Memorial Hospital, Wilmington; educational director, Highsmith Hospital, Fayetteville. Currently serving as member of District Five Nurses' Association Membership Committee and member of NCSNA Committee on Memorial Loan Fund. Has served as president and vice-president of district association, vice-chairman of NCSNA EACT Section and member of Program Committee. Served as faculty adviser to student organization at school of nursing and advisor to District Nine Student Nurse Association. Home nursing instructor for American Red Cross.

SERVICE OPPORTUNITIES

Medical, dental, nursing, engineering, science, and veterinary students are eligible for temporary active duty with the U. S. Public Health Service as members of the Service's Commissioned Reserve. These assignments are open each year to students who complete either their second or third year of professional education on or before July 1 and are interested in eventual careers in the Commissioned Corps.

During this summer, 123 students were on temporary duty under the Student Training and Extern Program.

Professional Practice

Whose Concern Is It?

Whose concern is it?

—if a student nurse works a 16-hour day, eight hours as a student and eight hours as a hospital employee?

—if a staff nurse goes directly from her regular shift to an eight-hour tour of private duty nursing for a critically ill patient?

—if a nurse has somehow managed to work several years in your place of employment without producing a current license?

—if a private duty nurse continues to accept cases for which it is obvious to other nurses she is not prepared to handle safely?

The answer is that all these instances are *your* concern as a registered professional nurse and member of the professional nursing organization.

These instances are not fantasy. They are happening too often in North Carolina. These are samples of the kind of questionable practice which have been reported to the relatively new NCSNA Committee on Professional Practice. Other practices even more alarming have come to the attention of the Committee.

The instances cited above are questionable or improper practices. A student nurse in an educational program is not yet prepared to give safe nursing care and should not take time from her studies to nurse for hire. And the nurse who is weary from eight hours of work cannot give the best possible care to patients if she stretches her work-day to 16 hours. A nurse who cannot produce a current license *may* not be registered in North Carolina. Somebody should find out why she has never shown a license. Obviously a private duty nurse who has not kept up with current nursing practices or who has had no recent refresher or learning experiences should not be responsible for the life of a critically ill patient.

Anytime there is a set of circumstances which cause any doubt that a patient is receiving the best possible nursing care, this is the concern of every nurse. Not only is the patient and his family concerned, not only is the institution caring for the patient concerned, not only is the physician in charge of the case concerned—the entire nursing profession is concerned.

It is a mark of a profession that its members accept responsibility for the competence of its practitioners. The nursing profession acknowledged this responsibility to protect the public and its own members from the practice of unqualified persons by authorizing in 1958 the establishment of SNA Committees on Professional Practice. Such a committee was established by NCSNA in the Spring of 1959 and has met quarterly since that time.

This Committee, with Mrs. Margaret B. Dolan of Chapel Hill as chairman, is composed of a representative from each state section's Committee on Functions, Standards, and Qualifications. Much of its attention at early

meetings was devoted to clarifying its functions, studying the North Carolina Nurse Practice Act, and working with the State Board of Nurse Registration and Nursing Education to reach an understanding of how this Board implements the Nurse Practice Act.

Functions of SNA Committees on Professional Practice are to: foster understanding and acceptance of nursing as a professional practice; work to bring about adherence to ethical, professional, and legal standards of nursing practice; coordinate those activities of the committees on functions, standards, and qualifications for practice of the sections of the state association which are designed to implement professional standards; receive and take appropriate action upon complaints and related problems in nursing practice from the profession and the public.

The NCSNA Committee on Professional Practice has made several recommendations about how the individual nurse may contribute to improved nursing practice throughout the state. These include:

1. That each nurse assume the responsibility of improving her own practice through keeping up with current nursing literature and practices and taking advantage of all possible learning opportunities;

2. That public health nurses find opportunities to refresh themselves through in-service education programs at nearby hospitals;

3. That each nurse become familiar with her section's statements of functions, standards, and qualifications for practice and carry out a personal and periodic program of self-evaluation;

4. That each nurse report to the State Nurses' Association, for referral to the Committee on Professional Practice, any cases of questionable nursing practice which she might observe.

Historians Seek Material About Army Nurse Corps

A history of the United States Army Nurse Corps is being prepared by the U. S. Army Medical Service Historical Unit in Washington, D. C., and this unit is seeking reference material as background for the history.

The introductory portion of this volume will depict by historical example and analogy the background leading to establishment of the Army Nurse Corps. Other portions will be devoted to the discussions of the detailed organization, administration, and professional achievements of the Corps.

Reference material of a historical nature, such as records or articles of professional and scientific significance, personal letters, journals, speeches, and photographs which relate to the activities of the Corps are needed to highlight and augment official references.

It will be greatly appreciated if individuals who possess such material will forward it directly to:

Director
Historical Unit, USAMEDS
Forest Glen Section, WRAMC
Washington 12, D. C.

Any material forwarded to the Historical Unit will be returned to the owner after duplication of this material, if that is the individual's wish, or if desired and indicated, the material will be retained and filed in the Historical Unit.

Who to Contact

North Carolina nurses who have bought the Professional Liability Insurance sponsored by the American Nurses' Association now have a contact in this state. If you hold this insurance and have a claim to file, you may communicate with Mr. Cletus Link, 1807 Pembroke Road, Greensboro, telephone BRoadway 5-6138.

PLANS ANNOUNCED FOR ANA REGIONAL CONFERENCES ON IMPROVEMENT OF NURSING PRACTICE

"Improvement of Nursing Practice" will be the focus of four regional conferences to be sponsored by the American Nurses' Association early next year for professional nurses throughout the country.

Conferences will be held February 14-17, Hotel New Yorker, New York City; February 28-March 3, Memorial Coliseum, Portland, Oregon; March 5-8, Hotel Denver-Hilton, Denver, Colo.; March 15-18, Hotel Chase Park, St. Louis, Mo.

These conferences are designed to assist nurses in improving their practice, to illustrate the profession's responsibility for quality care, and to share ideas for use in local conferences and institutes. Emphasis will be on patient needs, and the program will center on effective approaches to patient-centered nursing care and problems encountered by nurses in efforts to promote quality care in all areas of practice. Content will encompass both clinical and professional aspects of nursing care.

Outstanding nurse practitioners will present addresses on how to provide care based on the patient's nursing and medical needs; continuing development of the nurse practitioner, professional and educational development, and responsibilities of the professional association in these areas.

Participants will have an opportunity to take part in group discussions on such key issues and problems as relationships with allied personnel, promising new approaches to improve nursing care, legal aspects and standards, and educational needs.

The regional conferences are a part of ANA's continuing emphasis on providing means for nurses to improve their practice. Registration is open to ANA members and non-members. However, registration will be limited to enable registrants to attend discussion sessions of their choice and allow for fullest possible participation. Advance registration is necessary, and all nurses will be accommodated on a "first-registered" basis.

The fee for each conference will be $15 for ANA members; $30 for non-members, to be paid at the conference. Copies of all major addresses and group reports will be distributed at each conference.

Nurses wishing to attend one of the conferences should complete the registration form below and send it to ANA as soon as possible. Deadline for registration is January 15 but may be closed earlier if the quota is filled.

Fill in and mail to:

SECTION REGIONAL CONFERENCES
American Nurses' Association, 10 Columbus Circle, New York 19, N. Y.

I am interested in attending one of the ANA Regional Conferences on "Improvement of Nursing Practice", to be held in 1961.

Please send the official registration form to:
(Please Print)

Name: _____

Street: _____

City: _____ Zone: ____ State _____

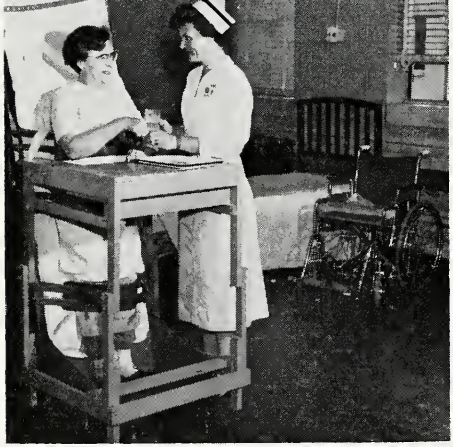
A Community's Venture in Caring For the Chronically Disabled

CENTRAL CAROLINA REHABILITATION HOSPITAL

Central Carolina Rehabilitation Hospital in Greensboro is a new venture in North Carolina.

It is one community's effort to provide a special kind of service for that large group of citizens who too often don't fit in our traditional hospital picture—the chronically disabled.

Central Carolina Rehabilitation Hospital is a 52-bed hospital accepting only those patients with physical disabilities which can be improved, either functionally or physiologically, and no patient is admitted for custodial or terminal-type care. It opened last February offering medical, social, psychological, and vocational guidance for its patients. The building formerly was the Central Carolina Convalescent Hospital erected to care for polio patients.



Sarah Jo Foster, assistant director of nurses at Central Carolina Rehabilitation Hospital, assists a patient in the simple matter of taking a drink of water.

The story of this hospital is one of community cooperation and planning to meet the challenge of the chronically disabled. About two and one-half years ago the Guilford County Chronic Disease Survey was published, under the direction of Dr. John Cassell of the School of Public Health, University of North Carolina. The report revealed that there were about 4,000 persons in Guilford County alone who were chronically disabled, only about 10 per cent of whom were in an institution.

The bulk of these people, therefore, were remaining at home in idleness. Since about 65 per cent had difficulty in getting about, an out-patient type of service would present transportation problems. The report showed that 70 per cent of the disabled persons theoretically could be helped by a rehabilitation program.

Four committees were appointed to study the problem of the chronically disabled, one of which was the Rehabilitation Committee. It was under the guidance of this group that Central Carolina Rehabilitation Hospital came into being.

Dr. Robert A. Gregg, a physiatrist, is medical director, and T. W. Cope is administrator. Paulyne Kenney is director of nurses, and Sarah Jo Foster is assistant director of nurses. Five charge nurses round out the nursing staff. They are Mrs. Ethel Shore, Mrs. Gillie Salter, Mrs. Aleita Trull, Mrs. Rosalee McConnell, and Mrs. Naomi Smith. Three physical therapists, a speech therapist, an occupational ther-

Linda Trogdon, occupational therapist, guides patients as they learn new skills which will lead to their independence and productivity.

apist, and a social worker complete the professional staff. A psychiatrist and other specialists are available when needed.

Patients at Central Carolina Rehabilitation Hospital are not sick people. The acute phase of their illness is over. They are there to be trained for self-care activities, along with therapy treatments. Patients are taught dressing, grooming, feeding, getting in and out of bathtub and shower, and how things can be improvised to meet their needs. When a patient has gained maximum benefit from the physical program, he is discharged.

An out-patient service is offered for ambulatory patients, and patients are not limited to Guilford County.

Two members of the hospital's nursing staff recently completed an advanced course in rehabilitation methods at the Institute of Physical Medicine and Rehabilitation in New York City through scholarships provided by the North Carolina Office of Vocational Rehabilitation and the North Carolina Crippled Children's Society.

Rehabilitation often is called the "third phase" of medicine—it is that period between the bed and the job. The staff at the Rehabilitation Hospital is a real team devoted to integrating all its services to helping the patient with a residual physical disability "to live and to work within the limits of his disability but to the hilt of his capabilities."

PROFESSIONAL COUNSELING AND PLACEMENT SERVICE

Helen E. Peeler, NCSNA counselor, will be available to Association members for appointments and conferences throughout the convention October 25-28, in Durham.

Jobs

General Duty—New, 50-bed general hospital in Western North Carolina. **Duties:** bedside nursing care; service in emergency and recovery rooms. **Qualifications:** graduate of accredited school of nursing. **Salary:** $300 monthly if nurse accepts all tours of duty.

Chief Nurse—American Red Cross Regional Blood Center in Western North Carolina. **Duties:** responsibility for administrative, technical, and educational functions and organization of blood program nursing and for activities of the Center and its mobile unit; administering venipunctures along with staff nurses. **Qualifications:** bachelor's degree; course in public health nursing, nursing administration, and/or education or equivalent; experience in general nursing; at least two years experience in supervisory or administrative capacity. **Salary:** $330 monthly; five annual merit increases to $415 monthly.

Director of Nursing Service—135-bed full accredited general hospital in Southcentral North Carolina. **Duties:** supervise nursing service within hospital, including operating room, delivery room, and central sterile supply; review and revise all systems and procedures; direct, evaluate, and discipline all personnel; maintain adequate personnel policies and wage scales; conduct in-service training program. **Qualifications:** at least bachelor's degree, with master's degree desirable. **Salary:** open.

Director of Nursing—96-bed Negro hospital in Eastern North Carolina with school of nursing. **Duties:** organize, administer, and direct school of nursing; direct and supervise nursing service; select and recommend appointment of educational and nursing staff; arrange for in-service program for professional and auxiliary nursing personnel. **Qualifications:** B.S. degree minimum acceptable; at least two years experience as director of nursing or in supervisory position. **Salary:** $5,000 annually.

News About Scholarships and Fellowships

The Allstate Foundation Scholarships for Nursing — a program to provide scholarships for students and graduate nurses and to aid in recruiting of student nurses—has been announced by Mrs. Alice F. DeMeritt, chairman of the North Carolina League for Nursing's Committee on Careers.

The program is made possible through a grant from the Allstate Foundation of the Allstate Insurance Companies. Scholarships will cover all tuition and expenses for a selected number of students to schools of nursing fully accredited by the National League for Nursing.

Two scholarships already have been awarded under the Allstate plan to students in a baccalaureate program, and three have been awarded to students in a three-year diploma program.

Mrs. DeMeritt expressed the pleasure of the League "that a member of the insurance industry is convinced of its distinct responsibility in the field of nursing." She said: "Because there is a growing shortage of nurses to meet the needs of the nation's growing pop-

ulation, we welcome this contribution from The Allstate Foundation."

Nevin J. Rice, district representative for the foundation, stated: "At the same time that we are granting these scholarships, we are doing our best to interest other foundations and corporations in the nursing scholarship plan in hopes that we may help alleviate the serious condition of the shortage of nurses which has been pointed out by recent studies."

The National League for Nursing has announced continuation of the NLN Fellowship Program made possible by a grant from the Commonwealth Fund. Since the program's beginning in 1955, a total of 147 fellowships have been awarded—117 to candidates for the doctor's degree and 30 to candidates for the master's degree.

Purpose of the Fellowship Program is to provide funds to subsidize programs of advanced study for nurses of proven ability who show promise of making a highly distinctive contribution to nursing.

The annual awards range in amount from $3,000 to $5,000 and may include tuition and other fixed university charges, personal maintenance, and costs of preparation and completion of thesis. Fellowships are awarded for full-time study and extend over time in accordance with approved programs of study.

Applications for fellowships must be made in writing to the National League for Nursing, 10 Columbus Circle, New York 19, New York. Completed applications, including transcripts from educational institutions attended, must be filed at NLN headquarters before January 15, 1961, for grants to be awarded for study beginning in summer or fall of 1961. Announcement of awards will be made by March 15, 1961.

Scholarship Winner

Norma Zoe Kluttz, student at Presbyterian Hospital School of Nursing in Charlotte is the 1960 recipient of the Lee Parker Scholarship. The $150 scholarship, donated by Lee Parker, Raleigh insurance executive, is awarded each year by the Board of Directors of NCSNA to a graduate or student nurse. Miss Kluttz has completed her freshman year in nursing. She is the daughter of Mr. and Mrs. J. M. Kluttz of Granite Quarry. A graduate of Boyden High School in Salisbury, she has a special interest in pediatric nursing.

Civil Defense Courses

Four national courses to train medical and health personnel for emergency services will be held during 1960-61 by the U. S. Public Health Service and the Office of Civil and Defense Mobilization. A course in "Nursing Aspects of Health Mobilization" is scheduled for April 23-28, 1961, OCDM Staff College, Battle Creek, Mich. Nurses interested may obtain further information from State Health Departments or Civil Defense Offices, Raleigh, or from the Department of Health, Education, and Welfare or Civil and Defense Mobilization, Washington.

UNC Nursing School Continuation Education

Institute Schedule On Patient With Burns

The University of North Carolina School of Nursing will conduct an institute, "Toward Better Care of the Patient with Burns", October 11-12, in Chapel Hill.

This institute was planned for last March but was "snowed out." Registration fee is $3 for one day or $5 for two days.

Dr. Warner Wells, associate professor of surgery at the UNC School of Medicine, will open the Tuesday, October 11, program with a discussion of "Burn Problem in North Carolina." Ann Molleson, assistant professor of nutrition, UNC School of Nursing, will review "Fluid and Electrolyte Balance." Tuesday afternoon sessions will be conducted by Dr. James Newsome, instructor in surgery, UNC School of Medicine, and will cover why burns are bad and why patients with burns die.

An evening session will feature demonstration of the artificial kidney, by Dr. William Blythe, Department of Medicine, Division of Metabolism.

The second day of the institute will feature discussions of methods of dressing burns, by Dr. Newsome, and of nursing care of patients with burns, by Em Bevis and other members of the School of Nursing faculty. In the afternoon, Dr. Carl Hartrampf, Jr., chief resident in surgery, will discuss "Restorative and Cosmetic Surgery for Patients with Burns," and a panel of nurses will discuss long-term care of the burned patient.

Registration information may be obtained from the Extension Division, University of North Carolina School of Nursing, Chapel Hill.

Short Course On Administration

A short course in Principles of Administration for administrators, teachers, and supervisors of nursing will be conducted by the UNC School of Nursing November 14-18 in Chapel Hill. This course has been approved under the Professional Nurse Traineeship Program.

Instructors will be Dr. Genevieve K. Bixler, head of the Nursing Education Project of the Southern Regional Education Board; Mrs. Margaret Ellsworth, past director of the National League for Nursing Hospital Programs; Mrs. Elinor Fuerst Dahlke, assistant professor and administrative assistant, Cornell University School of Nursing; Dr. Elizabeth L. Kemble, dean of the UNC School of Nursing; Mary Vida Cheek, associate professor of nursing and director of nursing service, North Carolina Memorial Hospital; Marion Staunton Wood, professor of nursing, undergraduate curriculum, UNC; Janis H. David, assistant professor, UNC; Esther Sump, assistant clinical professor in nursing and director of in-service education, and Lucy Boylan, assistant clinical professor in nursing and assistant director of nursing service, both of N. C. Memorial Hospital.

Pre-registration is necessary for this course and will be limited to 40 persons. Tuition is $50. The aim of the course is development of concepts, theories, and principles of nursing administration. Eligible nurses may apply for a short-term traineeship to attend this course and, if approved, would receive tuition and fees and a stipend of $12 per day if temporary change of residence is necessary.

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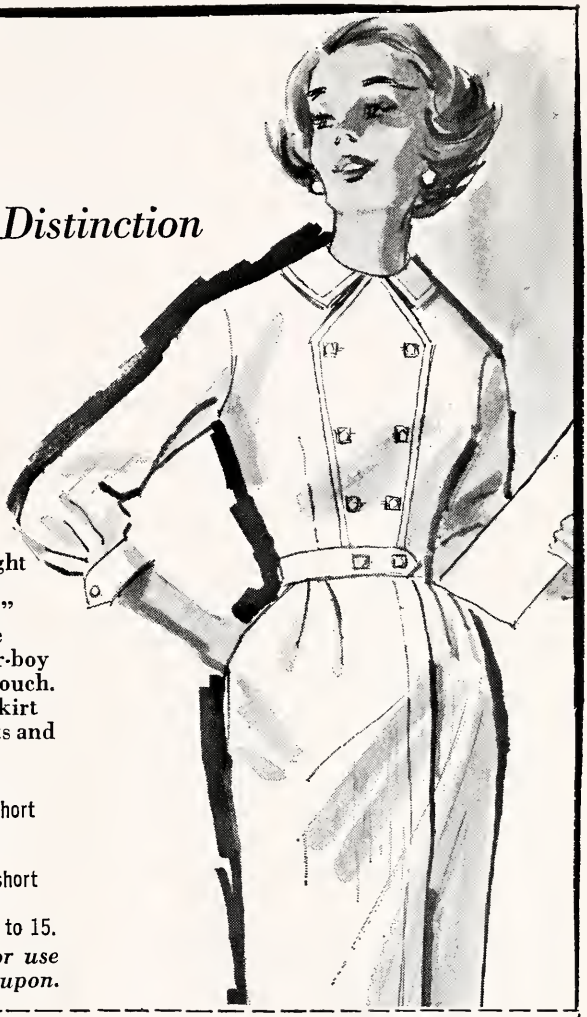

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ANA Reports Progress In Economic Security

The American Nurses' Association's Economic Security Program is full of vitality and growing. It is timely to make an occasional review of what the program is accomplishing throughout the country.

A look at last year's ESP results shows that 47 of ANA's constituent associations have adopted the program, and 32 associations have adopted formal policies under which to conduct the program. Twenty-three associations reported instances in which the SNA took action to represent nurses last year in their individual employing agency. Over 16,000 nurses received some assistance from SNAs with their economic security problems at their place of employment. An additional 1,100 nurses were working under contracts during the past year which had been negotiated by the SNAs.

Thirteen new contracts were negotiated during the year. The contracts, in effect January 1 of this year, covered 120 institutions and agencies. Over 8,000 nurses are covered under the terms of these agreements.

In the cases where negotiations were completed during the year, nurses received increases in salaries, increased shift differentials, and improved on-call, holiday, hours, sick leave, vacation, transportation allowances, and insurance benefits. In one case where salaries were very low, the starting salary was increased $75 a month.

Eighteen SNAs reported they had initiated or assisted directly with the organization of 60 new local units, and 29 SNAs reported there are 478 local units in their states.

During 1959, 30 SNAs either revised or set up new minimum employment standards for the various occupational groups. Twenty states reported that the basic eight-hour private duty fee is the same in all districts of the state.

Activity in the area of legislation affecting the economic interests of nurses was undertaken by 16 SNAs.

District Five Sections Sponsor Workshop

Three sections of District Five Nurses' Association joined with two other organizations to sponsor a Health Education Workshop on September 22.

Occupational Health Nurses, Public Health Nurses, and Office Nurses Sections participated. Heart Services of Charlotte and Mecklenburg County and the Medical Department of Esso Standard Oil Company's Carolinas Division also served as sponsors.

Dr. Elva Burgess, Charlotte psychologist, discussed "Counseling Attitudes." The talk was followed by a panel discussion on health education. Panelists were nurses representing office, occupational health, and public health nursing.

District Delegates

Would you like to be a delegate to the NCSNA convention?

If you are planning to attend the convention next month, please so notify your district president so that you may be considered for appointment as a delegate.

Mark Your Calendar

DATE	MEETING	PLACE
Sept. 26-27, 1960	Workshop for Head Nurses, Sponsored by N. C. League for Nursing	Memorial Mission Hospital, Asheville
Sept. 29-30, 1960	Duplicate	Dorothea Dix Hospital Raleigh
Oct. 7-9, 1960	American Medical Association's Regional Health Conference	Atlanta, Ga.
Oct. 10-12, 1960	Congress on Occupational Health, sponsored by AMA Council on Occupational Health	Charlotte
Oct. 11-12, 1960	Institute on Care of Patient with Burns, UNC School of Nursing	Chapel Hill
Oct. 24, 1960	15th Anniversary of United Nations Day	
Oct. 25-28, 1960	Annual Convention, NCSNA	Washington Duke, Durham
Oct. 31-Nov. 4, 1960	Annual Meeting, American Public Health Assoc.	San Francisco, Calif.
Nov. 14-18, 1960	Short Course for Administrators, Supervisors, and Teachers, UNC School of Nursing	Chapel Hill
Dec. 7, 1960	Annual Meeting, North Carolina Health Council	State College, Raleigh
March 6-9, 1961	American College of Surgeons (nurses invited)	Philadelphia, Pa.
April 10-14, 1961	National League for Nursing Biennial Convention	Cleveland, Ohio
April 17-22, 1961	Twefith Quadrennial Congress, International Council of Nurses	Melbourne, Australia

Program Plans Announced For ACS Annual Meeting

Professional nurses are invited to attend the annual meeting of the American College of Surgeons March 6-9, 1961, in Philadelphia, Pa.

Notice from the College states that nurses will be guests of the American College of Surgeons at the sessions and that no registration fee will be charged. Sessions are planned on open heart surgery; arterial grafts; radiation and chemotheraphy in management of the advanced cancer patient; nursing research—the intensive care unit; pediatric surgical nursing; management of cancer in children; the surgical nurse and the law.

Films on many nursing procedures, with clinical nursing specialists serving as commentators, and hospital demonstrations of operating room procedures also are scheduled.

Iris Ann Machlan, director of the School of Nursing, Hospital of the University of Pennsylvania, is chairman of the Nurses' Planning Committee for this meeting. Additional information may be obtained from William E. Adams, M.D., Secretary, American College of Surgeons, 40 East Erie Street, Chicago 11, Illinois.

Procedure For Suggestions For ANA Offices

It's time to start thinking about American Nurses' Association officers for 1962!

Although the officers elected this year have hardly begun their duties, the wheels must start turning to produce a 1962 slate. The procedure may seem both early and complicated, but in an organization of more than 175,000 people it must be so, to the end that the objective of democratic, qualified, and inspired leadership may be met.

October 15 of this year is the deadline for district nurses' associations to submit to the state association the names of nurses qualified for positions of leadership in ANA and willing to serve. From this list, the North Carolina State Nurses' Association will submit five names to the ANA Committee on Nominations, along with a written consent to serve, if elected, from each nurse submitted. This list must reach ANA by December 1.

By February 1 of 1961, the ANA Committee on Nominations will send to each SNA a composite list of names of nurses qualified and willing to serve in an ANA office. This composite list is made up of all suggestions received from all constituent associations of ANA.

From the composite list, each state association then suggests two nurses for each office and returns these to the ANA Committee on Nominations, which committee then begins the tedious task of forming a slate.

Nurses are urged to give thought to leadership qualifications of North Carolina nurses and to submit their suggestions through district associations.

NLN Announces Plans For Workshop For Head Nurses

A two-day workshop for head nurses is being planned jointly by the Divisions of Nursing Service and Nursing Education of the North Carolina League for Nursing.

The workshop will be presented twice—September 26-27 at Memorial Mission Hospital in Asheville and September 29 - 30 at Dorothea Dix Hospital in Raleigh. Theme will be "Know Thyself, Define Thy Role, Project Thyself." Theresa Phelps, associate professor at the University of Michigan and consultant to the University's Extension Division, will conduct the workshop.

Pre-registration forms have been mailed to hospitals. Each workshop session will be limited to 75 participants. Registration fee is $5 for League members and $10 for non-members. The planning committee is composed of: Hazel Gregory, chairman, Audrey Booth, Mrs. Effie Parker, Mrs. Fannie Slade, Louise Taylor, Mrs. Helena Kyle, Janet Campbell, Evelyn Franklin, Vivian Culver, Mrs. Mary Lee Steele, Laura Breeze, and Mary H. Lentz.

Scholarship Request

The North Carolina State Nurses' Association's request for state funds for scholarships for teachers in the 28 diploma schools of nursing was presented to the State Advisory Budget Commission on Tuesday, September 6.

Atha Howell, chairman of the NCSNA Committee on Legislation, presided during the presentation. Mrs. Margaret B. Dolan, member of the Committee, outlined the need for such scholarships. The request is for an appropriation of $61,600 for the 1961-63 biennium to be administered by the State Board of Education. This figure is based on one scholarship of $1,000 per diploma school of nursing for each year of the biennium, with an additional 10 per cent designated for administration.

The Advisory Budget Commission is winding up several months of visits to state institutions and hearings of budget requests. Its recommendations will be presented to the 1961 General Assembly in the form of the 1961-63 Budget Appropriations Bill.

NLN Gives Plans For 1961 Convention

The National League for Nursing will hold its 1961 biennial convention April 10-14 in Cleveland, Ohio, with "Interaction — Key to Nursing Progress" as the theme.

At the opening session, the topic will be "Health Needs — Whose Problems? Whose Responsibilities?" Dr. Ralph E. Dwork, director of the Ohio State Department of Health, will present a broad spectrum of what lies ahead in social and health developments. Mildred E. Newton, director of Ohio State University School of Nursing, then will analyze the implications for nursing and for the NLN in the anticipated changes.

On Tuesday, Wednesday, and Thursday, April 11-13, the NLN councils, departments, and committees will hold business and program meetings.

Among the matters to be considered by the NLN at its business sessions will be a statement, "Opportunities for Education in Nursing," just released this month to the membership for study. The statement is designed to promote understanding of nursing education and of how today's nursing education system is geared to producing the levels of personnel required by modern nursing services.

It points out the large numbers of nursing personnel needed to fulfiill society's needs and notes that nursing education programs have evolved through the years similar to those of general education in America today. The statement lists three kinds of programs: basic programs preparing new candidates for beginning practice as licensed practical or registered nurses; programs for registered nurses without a degree to obtain college or university preparation; and programs on graduate level. Four basic programs are listed: practical nursing programs, associate degree programs, diploma programs in a hospital school of nursing, and baccalaureate degree programs.

News from ANA Board . . .

The Board of Directors of the American Nurses' Asociation at a meeting in August approved a statement enunciating standards for nursing care in nursing homes. The statement is designed to be used as a guide to improve care in the increasing number of these homes throughout the country.

The statement emphasizes that skilled nursing care is a necessity in nursing homes and states that there should be direct supervision of nursing care by a registered professional nurse. It lists 17 standards for achieving and maintaining a desirable quality of nursing care. The statement also notes that general improvement of employment conditions is essential to improvement of patient care in nursing homes.

Copies are being supplied to SNAs, appropriate governmental agencies, allied health organizations, and to the U. S. Public Health Service for use in preparation of a planned guide on standards for nursing homes to be released to state licensing agencies later this year. The copies received by NCSNA were distributed to the Committee on Nursing Care of the Chronically Ill and Aged, which considered the statement at its meeting this month.

The importance of continuing and increased attention by ANA to meeting the clinical interests of members was stressed in a report to the Board from the Study Committee on Functions of ANA. It recommended that at least one day be devoted to clinical sessions at the 1962 ANA convention.

In still another step toward assumption of greater responsibility in the area of nursing practice, the Board approved establishment of an Intersectional Committee on Nursing Practice, to be composed of a representative of the Committee on Functions, Standards, and Qualifications of each section and branch. The committee's functions will be to: consider matters of common interest and responsibility to all areas of nursing and related to nursing practice; assist in defining and interpreting principles and standards of nursing practice to which the profession is committed; provide continuing and coordinated guidance to the SNA committees on nursing practice; develop recommendations for ANA program development in the area of clinical practice and patient care.

The ANA Board, while in session, also appointed 11 standing and five special committees to serve during the current biennium.

Special Issue of AJN

The *American Journal of Nursing* will celebrate its 60th anniversary next month with publication of a special supplement, "Nursing Education—Today."

The magazine, official publication of the American Nurses' Association, has the largest circulation of any professional publication of its kind in the country and the largest of any nursing publication in the world.

The 32-page supplement to be included in the October issue will review trends and questions currently being discussed regarding education for the nursing profession. Articles by nine authorities will cover such topics as: clinical teaching, types of programs, accreditation, the role of the professional organization, financing, a liberal background for nursing, a patient-centered approach, developing skilled practitioners, and continuing education.

People and Events - - -

Mrs. Mary Lee Steele has joined the staff of NCSNA as assistant executive secretary. Her primary area of responsibility will be to work with sections. Mrs. Steele attended Louisburg College and received her B.S. in nursing at Duke University. Prior to joining the NCSNA staff her nursing experience included positions as general duty nurse, assistant head nurse, head nurse, and supervisor. She resides in Durham and formerly was a head nurse at Duke Hospital.

Alma Kermon of Raleigh has been appointed to the American Nurses' Association Committee on Promotion of Program, Public Relations, and Membership, representing the ANA Office Nurses Section. At the 1960 convention of ANA, Miss Kermon was elected second vice-chairman of the ANA Office Nurses Section.

ANA also has announced that *Josephine Kerr* of Charlotte, former NCSNA president, has been appointed a member of a special committee to study the ANA system of delegate representation.

Jean Riddle, who served as director of nurses at Rex Hospital in Raleigh from 1947-52 and who will be remembered by many North Carolina nurses as an active NCSNA member, has returned to this state. This month she assumed her new duties as director of nurses for the Wake County Hospital Authority. She formerly was chief nurse at the Veterans Administration Hospital, Dallas, Tex. Miss Riddle is a member of the ANA EACT Section Executive Committee.

Caroline Singletary of Winston-Salem has been appointed to the ANA Committee on Convention Program representing the Private Duty Section. She was appointed by the ANA Private Duty Section Executive Committee following the 1960 convention.

Three well-known nurse educators served as guest faculty members at the University of North Carolina School of Nursing during the summer. They are: *Ruth M. Boyles,* consultant in nursing education and former UNC faculty member; *Mrs. Elinor Fuerst Dahlke,* associate professor at the Cornell University, New York Hospital School of Nursing; and *Mrs. Katharine Densford Dreves,* former president of the American Nurses' Association and former dean of the University of Minnesota School of Nursing.

John K. Lockhart, administrator of Northern Hospital of Surry County, Mount Airy, has been appointed by Governor Luther Hodges as a member of the North Carolina Board of Nurse Registration and Nursing Education. Mr. Lockhart fills a vacancy created by the resignation of J. Lyman Melvin of Rocky Mount, and his term expires January 1, 1962.

Dorothy I. Roth has resigned as second vice-president of NCSNA to return to her native state of Pennsylvania, where she is assigned to the VA Hospital at Coatesville.

Sallie P. Ives, graduate of Duke University School of Nursing, has entered active duty with the Air Force Nurse Corps. She is a member of District Eleven Nurses' Association and the General Duty Section.

Mrs. Rubye Bowles Bryson, public health nurse in Haywood County, recently was selected as "Woman of the Week" by *The Asheville Citizen.* The Asheville newspaper cited her for her devotion to professional, civic, church, and home activities and for service "beyond the call of duty."

Mrs. Bryson has long been active in the district and state nurses' associations and has served as an officer of the NCSNA Public Health Section.

The American Nurses' Association has announced that the Department of the Army has allocated spaces to ANA in their courses in Management of Mass Casualties. Any civilian nurse wishing to use one of the ANA spaces should notify her state association headquarters. Five-day courses are scheduled for October, December, January, and May.

The American Medical Association's Regional Health Conference, sponsored by the Council on Rural Health, will be held October 7-9 in Atlanta, Ga., at the Dinkler Plaza Hotel. Dr. W. Wyan Washburn of Boiling Springs, North Carolina representative on the AMA Council on Rural Health, is co-chairman of the conference.

A special session for nurses will be held on October 22 as a part of the American Heart Association annual meeting, October 21-25, in St. Louis, Mo.

The morning program of the nursing session will be a symposium on "Total Care of the Patient with Myocardial Infarction", with participants including a physician, nurse, nutritionist, and social worker. In the afternoon there will be open discussion on problems encountered in nursing patients with cardiovascular diseases. Nurses also may attend the scientific sessions for physicians and scientists.

Nurses wishing to attend may preregister. Write to: North Carolina Heart Association, Miller Hall, Chapel Hill.

Applications Being Accepted For Mary M. Roberts Fellowship

Application for the 1961 Mary M. Roberts Fellowship in journalism now are being accepted by the American Journal of Nursing Company's Fellowship Committee.

This competition is open to registered, professional nurses who are members of the American Nurses' Association and the National League for Nursing. The recipient will be granted $3,000 in addition to all tuition fees for a year's study in journalism at a recognized college or university. In addition, the American Journal of Nursing Company will provide a three to six-month internship in editorial work, supplementing the winner's academic training with a period of actual experience in journalism.

Deadline for submitting applications and manuscripts is February 1, 1961. Official application forms may be obtained from the American Journal of Nursing Company, 10 Columbus Circle, New York 19, N. Y.

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DECEMBER, 1960

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- *1960 Convention Report*

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THE TAR HEEL NURSE

VOLUME 22 DECEMBER, 1960 NUMBER 4

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NORTH CAROLINA STATE NURSES' ASSOCIATION

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Assistant Executive Secretary

Cover Note: The finest Christmas gift of all will be the one North Carolina nurses give to nursing research through the American Nurses' Foundation Fund-Raising Campaign now underway. Helping to fill the white stocking for nursing research is State Campaign Treasurer John Harris of Raleigh, ably assisted by Mrs. Eloise R. Lewis of Chapel Hill, North Carolina co-chairman. The white stocking is hung in NCSNA headquarters. Let's hope it will be full and running over by Christmas!

President's Message - - -

I wish to take this opportunity to thank you, the members of the North Carolina State Nurses' Association, for your confidence in electing me president of our Association. I trust I may demonstrate my appreciation by representing and serving you well. I urge every member to feel free to let me, members of the Board of Directors, and/or headquarters office know your opinions and feelings about issues being considered by our Association. This will help us in our decisions to act in the best interest of all members.

Your Board of Directors was very pleased with a request read at the post-convention Board meeting. A group of nurses had signed a petition asking that consideration be given to the formation of a new district. They explained that the amount of time and mileage involved in attending district meetings prevented many of them from being active in their district's work by irregular attendance and curbing their interest. They felt the number and interest of nurses in the area were sufficient to create a good working group. Your Board voted to approve the formation of this new district provided it is approved by the district from which these nurses were withdrawing.

I might point out a recommendation was made for the Board to consider redistricting the entire NCSNA. It was felt this is a tremendous undertaking at this time in light of programs and schedules presently underway. Also, it is very difficult to work out boundaries convenient to all members. However, it is the Board of Directors' understanding there are areas in our State where nurses travel some distance to district meetings and share the same interest and problems as expressed by the above group of nurses. If so, you might like to follow the steps and example mentioned. The Board thinks there is merit and justification in smaller groups where more nurses may participate in the activities of the Association. This is one way to strengthen our professional organization.

In speaking of activities, I am sure each of you is busy with our American Nurses' Foundation Fund-Raising Campaign. We were pleased with the interest shown at the NCSNA Advisory Council meeting on October 25. To launch the campaign, one of our districts donated from its treasury one dollar for each member. With individual donations, this gave us a total amount for the day of $648.00. We hope each district and each member is busy at present in an all-out effort to attain our goal and complete this campaign by the first of 1961. The slogan, "Give or Get $5", as set by the ANF was challenged by one of North Carolina's co-chairmen, who suggested "Give and Get $5". I am sure Better Nursing Care Through Research is something in which we all believe and will be demonstrating this belief by giving and getting donations for this worthy cause. The goal for North Carolina is $20,169. I believe we will exceed this amount. Let's accept our co-chairman's challenge to "Give and Get $5". It is really one of our challenges to strengthen our profession and our professional organization. You will want to read more information about the campaign in this issue of the Tar Heel Nurse. *Don't forget to Give and Get! It is a good way to give for Christmas.*

Speaking of Christmas reminds me of the coming Holidays. To each of you—may your Christmas be the merriest and the New Year your best.

Atha Howell, R.N.
President

Give A Christmas Gift To Nursing Research

"Give a Christmas Gift to Nursing Research" — this is the slogan touching off great activity and enthusiasm among district nurses' associations now engaged in the American Nurses' Foundation Fund-Raising Campaign.

During the first days of December, encouraging district campaign reports began to arrive. North Carolina's contributions are mounting up. We will reach our goal of $20,169 by New Year's Day — IF every district does its share. December 15 and 31 have been designated as report dates.

On the state level four interested community leaders have accepted the responsibility of special solicitations. Mr. C. Morgan Bissette of Charlotte, public relations director of Allstate Insurance Company, is vice-chairman of the North Carolina Campaign Committee for solicitation of philanthropic foundations. Mr. John Harden of Greensboro, of John Harden Associates, a public relations firm, and Betty Long, R.N., of Roxboro are vice-chairmen for industrial solicitations. Mrs. Mary Duke Semans (Mrs. James) of Durham is vice-chairman for solicitation of selected individuals.

District campaign chairmen are receiving periodic letter-bulletins giving campaign news and suggestions for local campaign activities.

The ANF fund-raising project was officially launched in North Carolina at the 1960 NCSNA convention late in October. The annual Advisory Council Forum was devoted to discussion of the ANF campaign for nursing research funds and a workshop for district campaign chairmen. Mrs. Eloise R. Lewis, North Carolina co-chairman, and Mr. George W. Culleney, II, New York, national campaign director, were the instructors. At a luncheon following the program, Dr. Robert Burton House, Chapel Hill former chancellor of the University of North Carolina, and honorary chairman, was the speaker.

District campaign leaders were told that this fund-raising project to support nursing research is one of the great forward strides in the nursing profession. Because of the magnitude of the need in nursing research, nurses cannot do the job alone and must turn to their friends and the public for support. Dr. House reminded the leaders that he had accepted the honorary chairmanship if nurses promised to "sell their product without apology".

Mrs. Lewis stressed the importance of participation by every nurse and pointed out the significance of the fact that the first contribution to the fund in North Carolina came from a nurse.

Plans for future programs of the American Nurses' Foundation include sponsoring research projects, stimulating other nursing research projects, providing a consultant service in the field of nursing research, and serving as a library and as a central facility for disseminating information.

Throughout the state newspapers, radio, and TV are publicizing local ANF activities. District Fourteen was the first district to make a "formal" report—its first report totaling $946. This was followed closely by District Eleven's first report of $450. Advance contributions made before the official launching of the campaign by individuals scattered through the state totaled almost $1,000.

Some districts are using the "white stocking" idea to point up giving a Christmas gift to nursing research. Many districts are bringing the campaign to the attention of civic groups, medical societies, hospital governing boards, nurses who are not ANA mem-

NF CAMPAIGN TEAM—left to right, George W. Culleney, II, New York, national director for the merican Nurses' Foundation Fund-Raising Campaign; Mrs. Eloise R. Lewis, Chapel Hill, and Lee arker, Raleigh, North Carolina co-chairmen; and Martha Adams, immediate past president, NCSNA. his foursome presented the program and workshop at the Advisory Council meeting of the 1960 con-ention where the ANF campaign in North Carolina received an enthusiastic send-off.

ers, local businesses and industries, harmacists, and allied health groups. Everywhere, however, emphasis is be-ng placed on the importance of every nember's sharing in the campaign by giving *and* getting $5. Nurses have the primary responsibility for nursing re-earch and must take the lead in fi-nancing nursing research. Their gifts vill inspire others to participate.

ANF national headquarters has re-eased the names of national campaign ponsors. The list of sponsors repre-enting the professions and the public ncludes the names of a number of nurs-ng leaders. Among those outside the nursing profession are: Dr. Vincent Askey, president of the American Medi-al Association; the Honorable Arthur S. Fleming, Secretary of Health, Education, and Welfare; Miss Helen Hayes, Nyack, N. Y.; the Honorable Hubert H. Humphrey, United States Senate; the Honorable Walter H. Judd, House of Representatives; Mrs. Oswald B. Lord, U. S. Mission to the United Nations; Dr. C. W. Mayo, Mayo Clinic; Ralph McGill, publisher of *The Atlanta Constitution;* Dr. Alton Ochsner, Ochsner Clinic, New Orleans; and Alfred P. Sloan, Jr., New York.

Dr. Elizabeth L. Kemble, dean of the University of North Carolina School of Nursing, Chapel Hill, is one of the national campaign sponsors. The sponsors representing industry include heads of some of the nation's largest and best-known corporations.

Highlights of The Convention

Durham, 1960

The President Reports to the Membership

Retiring from two terms as president of the North Carolina State Nurses' Association, Martha Adams featured in her annual address to the membership at the 1960 convention a review of the accomplishments of the Association through the work of the standing and special committees.

"Another year as president has given me a great appreciation of the power and the possibilities of the professional nursing organizations," Miss Adams told the House of Delegates at its opening business session. The convention was held October 25-28 at the Jack Tar Hotel in Durham.

"This thought has prompted a summary of how NCSNA has worked this year *for you* and *your nurse neighbor* back home—the one who knows little about the activities of her professional group which she *may* represent by virtue of her educational specialization," the president stated. "She, too, has been a beneficiary of all the progressive steps made by the professionals, as membership in the organization is not a qualification for employment or practice."

She reviewed the work of the following standing committees:

Committee on Bylaws—Changes in ANA Bylaws and provisions of the Labor-Management Reporting and Disclosure Act made it necessary to change NCSNA bylaws. "With some necessary legal advice, this Committee examined and revised NCSNA bylaws, so that these will provide direction and protection as needed for activities within the organization's functions."

Committee on Finance—This Committee labors diligently "trying to fit the 'needed' budget into anticipated income, and I wish every member could

NCSNA Officers - 1960-61

President—Atha Howell, 506 S. Elam Ave., Greensboro

First Vice-President—Ruby H. Dameron, 1524 Elizabeth Ave., Charlotte

Second Vice-President—Mary E. Copeland, P. O. Box 7484, Asheville

Secretary—Mrs. Marjorie Cox Gray, ESSO, P. O. Box 420, Charlotte

Treasurer—Ethel Harrison, 77 Dogwood Acres, Chapel Hill

Directors—Martha Adams, City Memorial Hospital, Winston-Salem ('62); Annie H. Robinson, 804 St. Michael's Lane, Gastonia ('62), Mrs. Jeannette K. Alexander, 219 Eden Terrace, Winston-Salem ('61); Mrs. Mary Ruth Griffin, 1216 Horne St., Rocky Mount ('61)

Committee on Nominations—Louise Yount, Chairman, Union Memorial Hospital, Monroe; Mrs. Helen P. Cashion, 2017 Woodleaf Road, Salisbury; Sister Mary Peter, St. Joseph's Hospital, Asheville.

. . . the busy registration desk

have seen how cautiously the Committee worked to see that funds were made available in the areas of greatest need in program participation."

Committee on Legislation—"The efforts of this group indicate an alertness to and support of all legislation that is of interest to or that may affect the nurse or nursing." This Committee went to work promptly on the House of Delegates directive of 1959 to seek state funds for scholarships for teachers in diploma schools of nursing. Two Committee members appeared before the state's Advisory Budget Commission in September to present this need for strengthening diploma school programs. "Each of us—and many of you have already—must serve with a group or individually to make personal contact with our legislators. Nurses have not joined with any group to promote this legislation, and it will take the efforts of each nurse. Our strength in convincing the legislators of our need will be determined by our interest and support of the request we are making."

Committee on Nominations — The state recommended by this Committee is only a portion of its work. "A *good* response from districts to the requests for suggestions for nominees would help this Committee to work more effectively. If I could make one recommendation for this organization to consider it would be to make it possible for more of our membership to have the same wonderful experience you have given me."

Committee on Program, Public Relations, and Membership — "It is a challenge to attempt to describe the organizing and 'brain-storming' done by this Committee when they are in planning session for development of good public relations, membership

drives, and convention programs. It is sufficient to say that the interesting features of *this* convention are the well-planned programs."

Committee on Service Fund—Members of other SNAs have been surprised that a state nurses' association was able to provide monetary assistance to some of its less fortunate members. If they could read some of the letters expressing gratitude for this small monthly check, they might be even more eager to consider adopting such a program. "We are grateful that nurses and friends of nurses in North Carolina had compassion enough to anticipate such need as this and make provision for it."

Miss Adams then reviewed how the eight special committees functioning in NCSNA this year "added color" to the NCSNA picture. She described briefly the contributions to the total Association program made by special committees on Memorial Loan Fund, Nursing in Medical Care Plans, Nursing in National Defense, Professional Counseling and Placement Service, Professional Practice, Nurses' Professional Registries, Nursing Care of Chronically Ill and Aged, and American Nurses' Foundation Fund-Raising Campaign.

She also reviewed NCSNA's representation on six state councils and committees and recognition received by North Carolina nurses in professional activities. Miss Adams concluded: "The size of the NCSNA picture is determined by the growing efforts of our standing committees, the color is expressed by the touch that our special committees give to it, and sharing its meaningfulness is made possible through representation on state committees and in allied groups. What a work is ours—this nursing in North Carolina! Can we afford not to meet the demands?"

Actions of the Convention

The House of Delegates

Revisions to NCSNA bylaws were adopted by the House of Delegates. The principal changes are:

- Provision for associate membership in NCSNA. This means that NCSNA associate membership through districts will begin January 1. Nurses may become associate members who do not anticipate employment in nursing during the current calendar year. This new membership category is in line with American Nurses' Association membership provisions. NCSNA associate membership dues will be $7 per year. Associate members will have all privileges of membership except those of voting, serving as delegates, holding office, or serving as chairmen of standing committees.

- Election of representatives to NCSNA and ANA meetings by secret ballot. This means that beginning in 1961, district association delegates to NCSNA annual or special meetings shall be elected by secret ballot. Also, NCSNA delegates to ANA meetings (both delegates-at-large and delegates elected by sections) shall be elected by secret ballot. The bylaws provide that one of the NCSNA delegates-at-large to ANA shall be the president.

- Addition of three new NCSNA standing committees. These are: Com-

mittee on Nurses' Professional Registries, Committee on Professional Counseling and Placement Service, Committee on Professional Nursing Practice. All have been functioning previously in NCSNA as special committees.

The Board of Directors

The Board of Directors reported at convention that it had taken the following actions during the year:

- Approved holding an institute for district PC&PS committee chairmen during 1961.

- Voted to give consideration to and make investigation toward redistricting the state.

- Approved increasing minimum salary standards for registrars to $200 per month; approved use of the ANA Statement of Functions, Standards, and Qualifications for Registrars as a guide for standards of employment for registrars; amended model form for Registry Rules to provide for extending services of professional registries to licensed practical nurses and for use of the NCSNA PC&PS application forms.

- Authorized the special committee on Nursing Care of the Chronically Ill and Aged; approved the "Statement on Nursing in the Area of Health Care of the Chronically Ill and Aged", prepared by NCSNA for the Specialized Study Committee III on Health and Medical Care of the Governor's Coordinating Committee on Aging, the group which is directing North Carolina's preparation for the 1961 White House Conference on Aging.

- Approved definitions of "Professional Nursing", "Registered Professional Nurse", and "Practical Nursing" as developed by the NCSNA Committee on Nursing Care of the Chronically Ill and Aged for working purposes of this Committee, any other NCSNA committee, or other group or agency in the health field; authorized this committee to make recommendations to the proper agency or group about the use of certain federal funds now available through official state agencies for "improving the quality of nursing home care".

- Increased the convention registration fee for the non-member nurse to $10 for the entire convention and $5 for one-day or single session attendance.

- Recommended 10 North Carolina nurses to ANA for appointment to ANA committees.

- Increased monthly benefits of the Service Fund from $17 to $20.

- Approved proposed amendments to rules of all NCSNA Sections.

- Adopted a suggestion to district nurses' associations that district meetings be open to members only, with admission by current ANA membership card, the exception being an invitation to a new nurse in the community to one meeting only. This action resulted from increasing concern among district associations because non-member nurses are enjoying many advantages of membership, such as repeated attendance at district meetings, without payment of dues.

Actions of the Sections

All sections adopted revised rules, to conform with new NCSNA Bylaws. Each section also designated representatives to attend the American Nurses' Association regional conference on "Improvement of Nursing Practice", to be held February 14-17 in New York City. The NCSNA Board of Directors made an appropriation of $100 for

each section to be used toward expenses of one or more representatives to the conference.

The Educational Administrators, Consultants, and Teachers Section, which devoted its program meeting to advanced education, at its business meeting voted to conduct a project next year which will continue emphasis on advanced education. The section will compile information on advanced education programs available in the various areas of the state. This information will be distributed to district nurses' associations.

General Duty and Head Nurses Sections voted to hold two joint workshops —one in the eastern area of the state and one in the west—on "Improvement of Nursing Practice". These workshops will follow closely the ANA regional conference, and it is planned that the sections' representatives to the ANA conference will contribute heavily to the planning and conduct of the state-wide workshops, bringing back to general duty and head nurses in this state the knowledge gained at the ANA conference.

The Nursing Service Administrators Section changed its name to conform with the corresponding ANA section. This section formerly was known as Institutional Nursing Service Administrators Section. NSA members also voted to hold a workshop during 1961. The theme, developed by the Executive Committee, will be "Better Utilization of Available Nursing Service Personnel".

Occupational Health Nurses Section requested a survey of salaries and other working conditions of occupational health nurses in this state. The Section also developed suggestions on terminology which are to be referred to the Special Committee on Terminology of the ANA Occupational Health Nurses Section.

Office Nurses Section considered ways to increase membership through district nurses' associations.

Private Duty Nurses Section adopted a state-wide fee for hourly nursing of $3 for the first hour and $2 for each additional hour, not to exceed three hours. This action was taken to encourage and facilitate availability of hourly private duty nursing in all areas of the state. There is growing need for such nursing service, and a number of communities are showing increased interest in home care programs. The two Blue Cross insurance companies in this state also have "extended coverage" plans which provide benefits for hourly nursing in the home.

This Section also voted to make a new approach to the problem of adequate private duty nursing care and of collection of fees in workmen's compensation cases. The North Carolina Industrial Commission has established the fee for private duty nursing of Workmen's Compensation cases as the prevailing fee set by the districts, except that such fee shall not exceed $14. Several districts have established the private duty fee at $16 per day. In many cases, the private duty nurse has to wait many weeks for her pay when nursing a Workmen's Compensation case. Often she is asked to take one of these cases knowing that her pay will be $2 less than the established fee of the district. The Section will attempt to resolve some of these problems by working with the liaison committees of NCSNA, the North Carolina Hospital Association, and the Medical Society of the State of North Carolina and/or through the North Carolina Commission on Patient Care.

Public Health Nurses Section voted to renew for 1961 the Runzheimer Travel Study by which current transportation expense information is supplied to the Section periodically.

New Section Officers

EACT—*Chairman,* Mrs. Pauline W. McCaskill, Barclay Road, Chapel Hill; *First Vice-Chairman,* Patsy A. Carroll, Five 25th St., N.W., Winston-Salem; *Second Vice-Chairman,* Mrs. Margaret C. Warren, A&T College, Greensboro; *Secretary,* Mrs. Fannie M. Slade, 7 Cleveland Avenue, Biltmore; *Executive Committee,* Mrs. Edith P. Brocker, 1326 Welcome Circle, Durham, and Ruth Dalrymple, Mason Farm Road, Chapel Hill; *Committee on Nominations,* Chairman, Thelma M. Ingles, 118 Newell Street, Durham, Martha Clyde Davis, Box 7531, Station B, Raleigh, and Mrs. Elinor E. Medlin, 3305 Selwyn Avenue, Charlotte.

General Duty—*Chairman,* Mrs. Pauline DeLozier, Route 1, Box 368, Waynesville; *First Vice-Chairman,* Mr. William S. Wiley, 8 Asbury Road, Asheville; *Second Vice-Chairman,* Mrs. Ruby G. Pervis, 608 Liberia Street, Winston-Salem; *Secretary,* Mrs. Elaine Gill, 115 Kingsgate Road, Asheville; *Executive Committee,* Mrs. Nancy S. Baumann, 2008 Bivins Street, Durham, and Mrs. Minnie S. Howie, 1117 Wellons Drive, Fayetteville; *Committee on Nominations,* Chairman, Mrs. Lucille B. Tucker, 508 E. Horne Avenue, Farmville, Sara G. Evans, 202 N. 15th Street, Wilmington, and Mrs. Thelma B. Stone, 410 Cedar Street, Cary.

Head Nurse—*Chairman,* Mrs. Doris G. Pruitt, 226 Beverly Road, Asheville; *First Vice-Chairman,* Mrs. Margaret B. McCotter, 904 Clarendon Street, Durham; *Second Vice-Chairman,* Mrs. Katie S. McAlister, 3125 Columbus Drive, Charlotte; *Secretary,* Jerry Ann Moore, Graylyn Court, Winston-Salem; *Executive Committee,* Mrs. Jeannette K. Alexander, 219 Eden Terrace, Winston-Salem, and Rachel J. Partin, 2206 Anderson Drive, Raleigh; *Committee on Nominations,* Chairman, Mrs. Katherine Warren, 200 High Street, Sherwood Apt. No. 15, Winston-Salem, Mrs. Lucille R. Funderburk, 5111 Addison Drive, Charlotte, and Mrs. Loraine U. Daniels, 2829½ Mayview Road, Raleigh.

Nursing Service Administrators—*Chairman,* Myrtle J. Barnette, Margaret R. Pardee Memorial Hospital, Hendersonville; *First Vice-Chairman,* Mrs. Mildred Kea Furmage, McCain; *Second Vice-Chairman,* L. Cynthia Reinhardt, 727½ Hillsboro Street, Fayetteville; *Secretary,* Anne Katherine Scott Bland, VA Hospital, Fayetteville; *Executive Committee,* Andrey J. Booth, Box 96, Chapel Hill, and Lucy Lee Boylan, 13 Village Apts., Chapel Hill; *Committee on Nominations,* Chairman, Mrs. Margaret Hicks Deese, 501 Skyland Drive, Rockingham, Mary Carolyn Jordan, 4203 David Street, Fayetteville, and Mrs. Maud S. Peele, 805 Parker Avenue, Ahoskie.

Occupational Health—*Chairman,* Mrs. Evelyn R. Talley, Route 8, Box 9, Sanford; *First Vice-Chairman,* Mrs. Bessie Mae Snoddy, 2318 Overhill Road, Charlotte; *Second Vice-Chairman,* Mrs. Marjorie Cox Gray, Esso, P. O. Box 420, Charlotte; *Secretary,* Mrs. Iva O. Cain, 117 Higbee Street, Durham; *Executive Committee,* Mrs. Faye R. Abernathy, 1607 First Avenue, N.W., Hickory, and Mrs. Ione B. Bain, Granite Falls; *Committee on Nominations,* Chairman, Mrs. Louise K. Osborne, 323 Lexington Road, Mocksville, Mrs. Caroline A. Dunn, 1012 Thaxton Avenue, Durham, and Mrs. Hattie S. Young, Route 3, Candler.

Office Nurse—*Chairman,* Mrs. Ada C. Poole, P. O. Box 121, Roseboro; *First Vice-Chairman,* Mrs. Ethel P. Oakley, 941 King Street, Burlington; *Second Vice-Chairman,* Mrs. Estelle J. Thompson, 1323 Rainey Street, Burlington; *Secretary,* Mrs. Marjorie H. Hemphill, Box 52, Caroleen; *Executive Committee,* Mrs. Martha C. Rushing, 103 S. Franklin Street, Whiteville, and Margaret Ann Wingate, 1901 Vail Ave., Apt. No. 2, Charlotte; *Committee on Nominations,* Chairman, Mrs. Lena H. Page, 403 E. 12th Street, Washington, Ruby H. Dameron, 1524 Elizabeth Avenue, Charlotte, and Mrs. Sue A. Shook, P. O. Box 144, Wilkesboro.

Private Duty—*Chairman,* Mrs. Myrtle B. McKeithan, 2517 Harrison Street, Wilmington; *First Vice-Chairman,* Mrs. Mary Jane Lindsay, 505 Arlington Avenue, High Point; *Second Vice-Chairman,* Mrs. Louise S. Clapp, 1613 Beaumont Drive, Greenville; *Secretary,* Mrs. Florence M. Walker, 304 Rollins Avenue, Hamlet; *Executive Committee,* Mrs. Mary Sue Davis, 167 Idlewilde Drive, Winston-Salem, and Mrs. Marguerite L. Hood, 1301 Briarcliff Road, Greensboro; *Committee on Nominations,* Chairman, Mrs. Mary Rayle Smith, 4005 Daye Street, Greensboro, Mrs. Sylvia G. Foy, 705 A. Chandler Street, High Point, and Mary V. Reavis, 308 Beaumont Street, Winston-Salem.

Public Health—*Chairman,* Clara E. Henderson, 2853 Hillsdale Avenue, Charlotte; *First Vice-Chairman,* Mrs. Evelina K. Hasty, 2007 Highland Street, Charlotte; *Second Vice-Chairman,* Shirley E. Callahan, 10 Lanark Road, Chapel Hill; *Secretary,* Mrs. Coda Ruth Chambers, 1315 Florida Street, Greensboro; *Executive Committee,* Mrs. Betty Chapman Eller, 1708 Friendly Road, Greensboro, and Mrs. Mary Edith Rogers, 2137 Charlotte Drive, Charlotte; *Committee on Nominations,* Chairman, Mrs. Betty J. West, Route 3, Box 303, Wilmington, Mrs. Frances B. Ameen, P. O. Box 5041, High Point, and Ruby A. Lentz, Route 1, Box 673, Salisbury.

Operating Room Conference Group of EACT, General Duty, Head Nurse, and NSA Sections—*Chairman,* Sue Ann Brown, 633 Daniels Street, Apt. B, Raleigh; *Vice-Chairman,* Betty Jean Overcash, 2218 Pratt Street, Durham; *Secretary,* Mary E. Orren, 202 Fite Street, Belmont; *Committee on Nominations,* Chairman, Sylvia S. Pressman, 533 C. Wakefield Drive, Charlotte, Sue Emerson, Route 2, North Wilkesboro, and Mrs. Lelamae S. Scott, 1162 Brighton Place, Charlotte.

NCSNA Section Institutes

Dates have been announced for three of the section institutes being planned by NCSNA during the coming year.

Nursing Service Administrators Section will hold a workshop on Wednesday, April 19, 1961, on "Better Utilization of Available Nursing Service Personnel". It will be held at the Sir Walter Hotel in Raleigh.

Two institutes will be held jointly by the General Duty and Head Nurses Sections on "Improvement of Nursing Practice". The first will be held on Tuesday, April 25, at the New Ricks Hotel in Rocky Mount, and a similar one on Thursday, April 27, at the Veterans Administration Hospital in Salisbury.

NEW NCSNA OFFICERS are, left to right: Ethel Harrison, Chapel Hill, treasurer; Atha Howell, Greensboro, president; Mary E. Copeland, Asheville, second vice-president; Martha Adams, Winston-Salem, immediate past president and new director; Mrs. Marjorie Cox Gray, Charlotte, secretary. Ruby Dameron, Charlotte, first vice-president, and Mrs. Annie H. Robinson, Gastonia, director, were not present.

General Program Meeting: Nursing Education

Suggestions for nursing education in the sixties, for professional maturation, and for a new North Carolina survey of needs and resources in nursing were presented by Dr. Elizabeth L. Kemble, dean of the University of North Carolina School of Nursing, at the 1960 convention's general program meeting.

Speaking on "Nursing Education in the Sixties", Dean Kemble reviewed highlights of the fifties, pointing out the impact of technological advancements and the population explosion on educational institutions, whose research expenditures rose 2,600 per cent in an 18-year period. She noted that health workers were influenced by events of the fifties.

"Nursing, along with other health groups, responded to the frantic fifties," Dr. Kemble said. "The confusion of many and sometimes overlapping programs became compounded. More often than not the shortages evident in all health groups were to some only shortages of nurses. One way to react to the public cry for more nurses was to develop a new type of program, or to justify the continuation of educationally unsound programs with the excuse that more nurses were needed. There were those who argued for more hospital schools of nursing—often in spite of inadequate facilities, lack of qualified teachers, and enrollments of students which showed vacancies in existing schools. . . .

"At least two major events of the fifties serve as harbingers of some improvements—the development of team nursing and the development of progressive patient care facilities. There is hope in the underlying concepts. Team nursing is still both misunderstood and misused but some progress has been made. Hospitals are still being built as if every patient were to be a bed patient. But here and there across the country the story is different and encouraging.

Present Patterns Of Nursing Education

Reviewing present patterns in nursing education, Dr. Kemble said: "Nursing education must be viewed with the main stream of all education. Nursing education stands alongside nursing research and nursing service . . . The educational patterns in nursing are, indeed, many. Consider these patterns against the background of a rapidly changing world.

"Practical Nursing Programs: Increases are seen in admissions and schools. The course is usually one year in length. The majority, approximately 64 per cent, are under educational auspices. Most are administered through Vocational Education Divisions. The programs are considered terminal in nature. There are about 450.

"Two-Year Associate Arts Programs: These show an increase also in number of admissions and schools. Most are under the aegis of educational institutions. Graduates of these programs—with or without a period of internship — qualify for writing the State Board examinations for registered nurses.

"Three-Year or Hospital Schools of Nursing: According to *Facts about Nursing (1959)*, 'Although the greater proportion of students of basic professional nursing are being educated in

. . . Dean Kemble

diploma programs, the trend figures from the National League for Nursing indicate a gradual decline in the numbers of students electing to acquire their preparation in this type of program'. Schools vary in size and strength from poor to excellent.

"Baccalaureate Basic Collegiate Programs: Admissions and schools are increasing. Considerable variety of patterns is evidenced in this group. There are at least five different types of programs leading to a baccalaureate degree. A variety of undergraduate degrees are awarded among other consequences of this situation. For the high school graduate there are (1) generic programs (2) with or without public health nursing preparation—some are an integral part of a college or university. Some are a (3) combination of college and hospital. For the nurse who is a graduate of associate of arts or diploma programs, there exists (4) general nursing or (5) programs of specialization.

"The trend has been away from the combined hospital and college programs to the full fledged college or university school. Also the trend has

been away from specialized programs at the undergraduate level to general nursing programs. In addition there has been a definite trend to include preparation for public health nursing in generic and general nursing offerings.

"Programs for Advanced Preparation: It is impractical to attempt even a superficial appraisal of the kinds of programs at the master's level. There are programs which include nursing content and little else. There are some which emphasize related disciplines with little that could be called nursing. There are some with a fair balance between nursing and other areas. Some include a strong research component. Some do not. Some purport to prepare clinical specialists, and some claim to prepare teachers, supervisors and administrators. Some attempt to do both.

"Doctoral Programs: These are being offered in a few institutions. The vast majority of earned doctorates are in disciplines other than nursing. A precise figure is not available representing the total number of doctoral degrees held by nurses. Some indication of the increase is suggested by the fact that 20 years ago it was estimated that there were about 20 in the whole USA. Today there are that many enrolled for candidacy in one or two of our educational institutions in any year. It is safe to say that there are differences of opinion and controversy in all patterns of nursing education, but none any stronger than in the field of doctoral preparation for nurses."

What Is Being Proposed In The Sixties?

"First, what is the future for programs in practical nursing, the two-year associate arts programs, and the three-year hospital schools? It is possible that they will go on in the sixties much as they have in the fifties, or the forties. Suggestions are being made that there be a shortening of the three-year hospital school of nursing programs, and a lengthening of practical nursing programs, resulting in programs of approximately two years in length, terminal in nature, and focused on preparing nurses for direct care of patients under supervision. Helen Nahm, reporting in the *American Journal of Nursing,* June, 1958, made such a proposal and suggested that it was a probability for the future. . . . Ruth Sleeper expresses a firm belief in collegiate education but at the same time offers a strong exposition of the significant place of the hospital schools of nursing in meeting the demand for graduate nurse personnel for direct care of patients.

"Earlier reference was made to the many programs and paths toward a baccalaureate degree in nursing. Arguments fly thick and fast, often generating more heat than light. . . . Hospital and college combinations are giving way to valid units fully within the framework of a college or university. This trend seems apt to continue. More and more degree-granting schools will include preparation for public health nursing in their curricula. It is hoped that the diminution in specialization will continue.

"Master's programs are being critically studied. Clinical depth is apt to be emphasized before, or at least concomittant with, functional preparation as teachers, administrators, and supervisors. Logically teachers must know the what and why of that which is being taught before the how, when and where. Doctoral programs in nursing will be offered in the sixties. A relatively small but important number of nurses will pursue graduate study at the doctoral level, more in other disciplines than in nursing. Some will build on clinical specialties toward a doctorate in research.

"What can be done to bring order out of the chaos? Until systematic stu-

dies can be done, the findings of which might suggest answers, improvement can be brought about and much of the confusion eliminated.

"Practical nursing can be recognized for the important program it is. Accept that it is a one-year terminal program. It is successfully administered and soundly implemented through the vocational education system. Consider the possibility of mobile teaching teams operating in a state or region. There is considerable evidence that after a few years the saturation point is reached in practical nursing, in employment opportunities and enrollment potential.

"Two-Year Associate Arts Programs—These programs are still in the experimental stage. It is unwise to consider this program to be the whole answer to the dilemmas of nursing. Perhaps it would not be too much to ask that consideration be given in the sixties to clarifying the status of this group. Return to the concept of a terminal program in the preparation of nursing technicians. More points can be made that this is a terminal program than arguments for recognition of the two years as the first two years in a baccalaureate program. Both the practical nursing and the two-year programs are fast growing. Both are under educational auspices and both have had financial support not available to the hospital schools.

"The **Hospital Schools of Nursing** make a significant contribution to the preparation of nurses for direct care of patients. Over many years they have been hampered by non-educational administrative aegis and non-availability of adequate financing.

CONVENTION PERSONALITIES are, left to right: Mrs. Flora Stanley, chairman of the Arrangements Committee of District Eleven; Ethel Strueben, assistant executive secretary of the American Nurses' Association; Dr. Eleanor Lambertsen, nursing consultant to the American Hospital Association; Dr. Carlyle Campbell, president of Meredith College, Raleigh, banquet speaker; Rita A. Bunin, assistant executive secretary, ANA Public Relations Unit; and Dorothy Wilkinson, co-chairman of the Arrangements Committee.

"Two historical events tended to divert hospital schools of nursing from their original objectives. First, the wild, mostly unplanned expansion of hospitals, most trying to establish schools of nursing. Students and graduates were to provide all the nursing care. Most often it was by students. No cognizance was taken of the appropriateness of the hospital to conduct a school of nursing. To this day, some of the same ideas exist—shortage of nurses? Then start a hospital school of nursing.

"The second major diverting event was the result of the Flexner report. The training of nurses had to be upgraded in order to improve medical education as the medical students moved from the classroom to the bedside of the patient. . . .Nursing education expects to prepare people for nursing practice and the care of the patient and family. Important as it is, the main objective is not the improvement of the education of other health workers. The hospital schools have been doing this tremendously fine job without educational auspices, without adequate financing, and in spite of the diversion of their intentions and objectives. Hospital schools might benefit by calling a moratorium on additions to the curriculum. They should not be expected to provide all the general education courses. Nor should they attempt to provide preparation for public health nursing.

"Baccalaureate programs are here and probably here to stay. While they are new to many, the first university school was begun 50 years ago. . . . Many changes have taken place in curricula since the pioneer days. Of the five patterns mentioned earlier, it would be well in the sixties to bring order out of the chaos. The relatively few students enrolled in the combined hospital and college, or specialized, programs would benefit by enrollment in a generic or general nursing program. Basic collegiate schools of nursing would do well to continue the trend toward inclusion of public health nursing in the curricula.

"Graduate Programs in Nursing —The sixties will be critical years. All surveys and studies related to shortages point out the fact that the greatest shortages exist in the category of teachers, supervisors, and administrators. All possible encouragement must be given to young nurses in their efforts to obtain needed preparation. . . . Continued study is needed of the best graduate programs to offer."

Dr. Kemble then stressed the need for preparation on the master's level for teachers in schools of nursing, for allowing considerable freedom of choice for the nurse seeking a doctorate, for strengthening in-service and extension courses.

She listed the following suggestions for the sixties:

"1. That practical nursing be recognized as important; that it be one year in length and terminal in nature.

"2. That two-year programs be recognized as still in the experimental stage; that they be studied in the sixties to determine their future.

"3. That the hospital schools strengthen their programs through careful study; that pending such studies they resist pressures to reduce or add to their curricula.

"4. That baccalaureate programs become that in fact as well as intention; that provision for public health nursing be included in all such programs; that specialization at the baccalaureate level be discontinued.

"5. That master's programs in nursing be improved and strengthened; that specialization take place at the master's level; that we keep an open mind toward doctoral programs in nursing; that we allow freedom of choice for advanced graduate students.

"6. That in-service and continuation education offerings be strengthened.

"There is much to be done in the sixties. Much of it will or ought to depend on research. Education in nursing cannot be separated from research in nursing and nursing service. It is to be hoped that the research in the 60's will focus on research in nursing. . . .

"Nursing education in the sixties will run the gamut from on-the-job training of aides to doctorates in nursing—a formidable and complex problem requiring the attention and study of vitally concerned people. Studies are needed in the local situations to discover new ways of meeting the need. For example: Two or three or four schools of nursing could get together to appraise the situation. Plans could be developed for pooling resources. It is not being suggested that combining three or four poor schools will result in one good school. It *is* being suggested that joint planning, cooperative use of staff and facilities might lead to improvement for all.

"Television offers tremendous possibilities in nursing education. . . . North Carolina needs a survey of the needs and resources in nursing. We need a new look at some old problems and a new approach to some of the solutions. Perhaps in the sixties we will be wise enough to complement the work of the physician. Perhaps we will become better acquainted and more effective in our relationships with other health workers. Perhaps we move from a position of militant professional adolescence. May we grow in quality as well as quantity in meeting the growing demands. Each and every nurse is needed and must do her part. Let us get behind our representatives in their legislative efforts. Let's get behind the fund-raising campaign for research. Let the next decade be a period of rededication to nursing, to the end that the objectives of sound education, research, and service might be achieved, and in the final analysis — people served by nurses through the practice of that which is uniquely ours to provide."

Student Officers

New president of the Student Nurse Association of North Carolina is Mary Elizabeth Horne, Highsmith Memorial School of Nursing, Fayetteville, lower left. At lower right is Mrs. Gladys S. Lewis, graduate student at Duke University School of Nursing, immediate past president. Standing, left, is Alice Gwyndolyn Ray, Lenoir Memorial School of Nursing, Kinston, new second vice-president. Standing right is Roberta Snyder, Watts School of Nursing, Durham, secretary. Other new SNANC officers not shown are Lovetta B. Taylor, Southeastern General School of Nursing, Lumberton, first vice-president; and Judy Felts, North Carolina Baptist School of Nursing, Winston-Salem, treasurer.

Section Program Meetings

EACT

Two panels discussed problems of advanced education for nurses at the program meeting of EACT Section.

A discussion of "Undergraduate Nursing Programs" was moderated by Janis David of Chapel Hill. Participants were Mrs. Lorene O. Kleu of Winston-Salem, Mary McRee of Charlotte, and Carolyn Starn of Chapel Hill. The second discussion, on "Graduate Nursing Education Programs", was moderated by Ruby Wilson of Durham, and participants were Mrs. Jessie Kiser of Concord, Emily Campbell and Marcia Black, both of Durham.

The panels discussed the varieties of educational programs available and the importance of the individual's examining all programs carefully to determine the one best suited to give her the preparation she wants and needs. The panelists considered their subjects in terms of what the nurse or potential nurse requires of the school and what the school requires of the applicant.

It was suggested that the applicant investigate the resources of the school, the quality of the faculty, and the philosophy of the institution and weigh these facts carefully before making her choice.

In the discussion of graduate nursing education programs, it was stated: "In a graduate program you develop a sharper appreciation of the issues involved. You develop the habit of thinking more critically and more constructively. You are not so completely overwhelmed sometimes with the demands of the reality situation of the work environment, and you are given the opportunity, the guidance, and the stimulus to really examine the issues. Here is the tremendous opportunity and advantage of graduate education."

General Duty, Private Duty

Illustrated lectures on "Open Heart Surgery" by Dr. Will C. Sealy, professor of thoracic surgery at Duke University Medical Center, and on "The Artificial Kidney" by Dr. R. M. Portwood, associate in medicine at Duke, were heard by the General Duty and Private Duty Sections at a joint program meeting.

Dr. Sealy called open heart surgery the newest of all surgical specialties. He said the surgeon can work in the heart with the heart-lung machine for as long as one hour. This procedure is used in opening up valves that have been stenosed, in repairing insufficient valves, in repairing defects between the chambers of the heart, in blue babies, and in treatment of aneurysms in the thoracic cavity. Temperatures down to 20° or 15° may be maintained.

These are the milestones which led to open heart surgery: patent ductus; co-arctation of aorta; tetrology of Fallot; mitral stenosis, first attempted in 1922 and not again until about 1949; and hypothermia, controlled lowering of body temperature, which was begun about 1950. Hypothermia is based on the theory that the body uses oxygen at a specified rate determined by the body temperature.

Dr. Sealy pointed out that the nurse can be of much help to the doctor preceding surgery in explaining to the family and repeating until they understand what the procedure is and what is to be expected after surgery is completed and the patient returns to the ward. "Heart surgery should be performed as soon as it is safe; the quicker and faster these defects are corrected in children, the better," he said.

Post-operative care might encounter these problems, he said: difficulty with

airways, consequently a tracheotomy is frequently performed; circulation failure, which is first felt in a poor pulse volume; heart block, which is indicated by extremely slow pulse rate. These are real emergencies, Dr. Sealy warned, and it is usually the nurse who must monitor the vital signs.

Dr. Portwood told the General Duty and Private Duty Sections that the use of the artificial kidney does not alter the underlying injury of the kidney—it gives time for repair to take place. The role of the nurse in the use of the artificial kidney is primarily in checking vital signs of the patient, while four other members of the team watch the actual machine.

He said the use of the artificial kidney repeatedly has proved successful in the treatment of renal failure but cautioned that it is not the final answer. "This answer seems to be in transplanting healthy kidneys," he said.

Head Nurses

Professional responsibilities of the head nurse and how head nurses can carry out the functions assigned in section rules were outlined by Ethel Strueben, assistant executive secretary of ANA, in a luncheon talk to the Head Nurses Section. Her topic was "The Head Nurse and Her Relationship to ANA".

Miss Streuben pointed out that professional nurses share common objectives which are fulfilled through participation in the professional association. One of the functions of the sections organized with ANA, she said, is to define membership, and another is to define functions, standards, and qualifications for practice for members. She outlined the channels of communication by which the individual section member receives information and contributes to the work of her section on district, state, and national levels.

"The professional nurses' association exists," she said, "to represent the collective voice of nurses on matters of concern to the profession and to provide the psychological and technical support which individual nurses need to carry out their functions. We as nurses are primarily responsible for the quality of patient care everywhere in our country, and this is a responsibility we can ill afford to let slip inadvertently into the hands of persons whose responsibility toward the patient is quite different from ours."

Miss Strueben stressed the importance of an effective legislative program, stating: "The membership organization of every profession has a responsibility for establishing and upholding standards for the profession and assisting practitioners to achieve the highest level of performance. It is now more imperative than ever that patients receive comprehensive care that meets emotional, spiritual, and social needs as well as physical. This takes skill and understanding. Members of professional groups have higher standards than those imposed by the public. It is a professional obligation to stand ahead of the crowd."

The speaker then discussed the development of statements on functions, standards, and qualifications for practice for the sections and listed several ways in which these statements can be applied to the head nurse's own work situation. She emphasized the nurse's personal responsibility for continuing professional growth.

In discussing the relationship between nursing practice and the law Miss Strueben mentioned two types of control — the Nurse Practice Act of the state and the control by the profession itself. She described the Economic Security Program and how it functions through the state association to help nurses better their working conditions. After outlining the function-

ng of various section committees, Miss Strueben concluded:

"The work is not finished. As long as we are a part of a growing and changing society, it never will be. All of us must believe that what we have to contribute to our professional organization is important to its progress. Our Code of Ethics serves as one means of keeping the highest ideals and standards for the profession and the general public. There is one question of great significance to us as individuals — Can we, in addition to meeting professional standards and as good nurses, be also good citizens, good neighbors, good friends, and interesting people?"

NSA

In most instances, staffing has been considered a situation involving choice between equally unsatisfactory alternatives, but staffing does not have to be a dilemma, said Dr. Eleanor Lambertsen, nursing consultant for the American Hospital Association, at the program meeting of the Nursing Service Administrators Section.

"We have to have the courage to say there are certain things we cannot do, that are not really important at this time, if we are to meet our major purpose—to provide a standard of care for patients," Dr. Lambertsen said. "Some days it is perfectly all right to close up the utility room if it's messed up, but get in with the patients. If the supervisor or head nurse is making the rounds, I look to see the values that personnel will pick up from her. If the first thing she does is open the utility room and look in there—rather than going on the floor and looking at the faces of the patients—she has no right being a supervisor."

Dr. Lambertsen said the hospital field today is an exciting field, as well as a devastating field, and emphasized the need for scholarship in nursing service, just as in the field of nursing education. "The two cannot be separated," she said. "We are not going to have places to prepare our students that will give them an opportunity to demonstrate the excellence in practices if we do not at the same time have nursing service people representative of scholarship who desire to learn from each other, to test, to try, and to study."

Registration

Total registration at the 1960 NCSNA and Student Nurse Association conventions was 1,164. There were 658 NCSNA members, 115 guests (most of whom were professional nurse non-members), and 391 students and their guests.

Solutions

She said we have rested too long on the shortage of graduate nurse personnel as an excuse for questionable practices in the depth of nursing service. She said: "Solutions will not be found in numbers alone—they will be found through improved administrative practices and procedures; through expansion and enhancement of the leadership role of the graduate nurse; and through clearly defining what constitutes adequate patient care."

Miss Lambertsen discussed various recent surveys on ratio of professional to non-professional hours of patient care, concluding that the safest ratio for nursing service is one hour of professional nursing to one hour of non-professional care. She said such ratios should include only those persons giving direct patient care.

The speaker cautioned that basing a staffing pattern on hours alone does not necessarily indicate the degree to which these hours are utilized for nursing services to patients. She said studies have demonstrated that the av-

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Section Program Leaders

(Above) NSA program participants, left to right: Dr. Eleanor Lambertsen, nursing consultant for American Hospital Association, principal speaker, and panelists, Mrs. Edith P. Brocker of Durham, Mary Vida Cheek, Mrs. Eloise Lewis, and Lucy Boylan, all of Chapel Hill. (At right) Dr. R. M. Portwood, associate in medicine, Duke University Medical Center, listens to questions from Private Duty and General Duty Section members. Mrs. Wilma Garris, Rocky Mount, presided. On the opposite page (top) is the panel at Public Health Section program meeting. Left to right: Mrs. Margaret B. Dolan, Chapel Hill; Dr. Ewald Busse, chairman of Department of Psychiatry, Duke Medical Center; Shirley E. Callahan, Chapel Hill; Mrs. Nan Cummings, Asheboro; Janet Campbell, Raleigh; Mrs. Betty C. Eller, Greensboro. (Center) Ethel Strueben, assistant executive secretary of ANA, speaks to the Head Nurses Section. (Bottom) Panelists at the EACT program meeting, left to right: Mrs. Pauline McCaskill and Carolyn Starn, both of Chapel Hill; Mrs. Lorene O. Kleu, Winston-Salem; Mary McRee, Charlotte; Janis David, Chapel Hill.

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erage general staff nurse gives up to only 50 per cent of her time to patient care.

"We need to look, before we can identify nursing per se, at the forces and factors within a hospital nursing service that prevent the hours available from being utilized," she said. "The average head nurse unit is poorly managed, and some of the things being taught in workshops and institutes on head nurse management are only tending to perpetuate poor administration. The administration of a ward unit has to be cleaned up thoroughly before nurses can be free to do the kinds of things we expect them to do, and this starts first with hospital administration and the director of nursing service.

"The definition of the scope of nursing service depends upon the availability and usability of other hospital services and professional service personnel within the institution. The whole area of institutional service can be streamlined, and there is no logical excuse for some of the practices that are going on in some head nurse units today. We need to weigh values and be able to interpret these to hospital administrators and medical staffs, but unfortunately there are too many nurses who prefer the volume of paper work and the desk to supervision of personnel and patient care.

Ward Clerk

"I support the premise of a ward clerk or ward secretary under the head nurse, with routines so simply established in the ward unit that there is no need for individual judgment. I cannot support the concept of ward management independent of nursing. It would be creating an administrative octopus. In nursing we seem to create another job position every time we meet a difficulty or people begin to criticize us. There are more and more people who do less and less and who are freerer to wander and disappear.

"The quantity of nursing service provided does not necessarily mean that the patients are assured a certain quality of nursing care. The head nurse is the supervisor of patient care services, but every graduate professional nurse is responsible for the supervision of the non-professional personnel. We cannot negate this responsibility. I see the general supervisor of several units working with and through head nurses to increase their competence and having a major responsibility in in-service education. Supervision and in-service go together.

Supervisors

"I hope we will do something about our supervisors in the hospitals, because to me they are the highest paid messengers in the institution. There is no place for this free wanderer. Her job has to be defined, and people have to accept it. The fewer highly qualified people we have, the better we have to use them. The preparation of the supervisor involves expertness in clinical practice and skills in working with and through others. Some of our problems in staffing will be minimized if we emphasize this.

"The plan of assignment is another factor that influences the type or quality of care. The quality and availability of an on-going in-service program also has a direct impact on the quality of services available. Nursing must be defined and re-defined in terms of the needs of individual patients and individual work situations.

"A staffing pattern and average number of nursing hours to be available are meaningless unless the areas of responsibility for nursing care are clearly defined. The problem of staffing and assurance of a level of quality of patient care services is intensified by the increased use of non-professional personnel. Staffing must be based upon the ability of the various groups to carry out assignments for direct pa-

tient services. If the minimum standard of safe patient care is to be achieved, limitations must be placed upon the assignment of practical nurses and nurse's aides. Acceptance of this premise indicates the need to clearly identify in each hospital the range of activity areas of nursing, and the next step is to identify those activities which must be carried out by professional nurses and those which may be safely delegated to practical nurses and aides."

Dr. Lambertsen listed three areas in which nursing procedures and techniques involve the practical nurses and the nurse's aide: Activities which relate to the basic physiological and psychological needs of the patient (these are the comfort measures); activities which relate to the physiological and psychological needs and responses of the patient to the health problem; and assisting the physician with medical treatments and procedures.

"There will continue to be significant changes in each category as a result of medical, hospital, and social trends," she said. "We have not looked at ways of increasing the three-way relationship, patient-doctor-nurse. We can be selective. There are things we are doing now that can well be relegated to someone else, but we need to look at ways to continually improve and enhance our professional role in the planning, providing, and evaluation of nursing care.

Re-scheduling

"Identification of components of nursing care and an estimate of numbers of activities during selected periods of time is basic to determining the ratio and proportion of professional to non-professional nursing service personnel. We can do much more to equalize our staffs if we redistribute some of the activities. There is nothing holy

FOUR NEW SECTION CHAIRMEN who attended the post-convention Board of Directors meeting are, left to right: Clara E. Henderson, Charlotte, Public Health Section; Mrs. Doris G. Pruitt, Asheville, Head Nurses Section; Mrs. Ada C. Poole, Roseboro, Office Nurses Section; and Mrs. Myrtle B. McKeithan, Private Duty Section.

about 8 o'clock in the morning that everything has to start around that time. Do some more of staggered staffing, so that everybody doesn't come on at 7 o'clock and go off at 3.

"We have neglected the program of patient teaching. This is a highly professional function. Rehabilitation, as well as the concept of the therapeutic use of self, is an integral part of the plan of nursing."

Dr. Lambertsen's address was followed by a panel discussion moderated by Lucy Boylan, Chapel Hill. Participants were: Mrs. Eloise R. Lewis, Chapel Hill, speaking on "The Availability of Professional Nurses in North Carolina"; Mrs. Edith P. Brocker, Durham, on "How Can Nursing Education and Nursing Service Cooperate in Preparing Students for Professional Nursing Care and Leadership Skills?"; and Mary Vida Cheek, Chapel Hill, on "Assisting the Staff Nurse in Adjustment and Performance of her Professional Role."

Occupational Health And Office Nurses

"It is more the job of the occupational health or office nurse to deal with people's problems than to hand out pills," said Dr. William B. Townsend, medical director of Esso Standard Oil Company, Carolinas Division, Charlotte, in an address at the luncheon meeting of the Occupational Health and Office Nurses Sections.

Dr. Townsend spoke on "Doctor-Nurse-Patient Relationship" and said that teamwork is the one essential to achieving the well individual. "I doubt if we yet are treating the whole patient," he said. "Until we follow through to the satisfactory re-adjustment of the patient after illness, we haven't completed the job."

He stressed the need for basic understanding on how to deal with people and their problems, in which nursing is the first "echelon". He said the nurse has greater opportunity than any other member of the health team to establish confidence and to demonstrate interest in patients as people, and this is more important than routines. Dr. Townsend said: "Often the true nature of the disease is hidden, and the nurse can do much to uncover these facts in the way she deals with the patient. There is no sense in her being there at all unless she is interested in the person and his problems. The nurse should not hide behind the fact that the patient himself is inadequate and unable to meet the realities of his world.

"Medical skills? Yes, they are needed. But we also need the conceptual skills—education, experience, insight, philosophy, imagination, dedication to duty—and these are the most difficult to develop."

Dr. Townsend compared a human being to a battery, showing the importance of proper design, care, and construction in adequate functioning; the dangers and results of overcharge; how to reduce the overcharge.

PUPPETS made by Alma Kermon, Raleigh, explained the importance of Functions, Standards, and Qualifications at one of the convention sessions. Miss Kermon made puppets named Misses F, S, and Q for a skit presented to the Office Nurses Section at ANA convention last May. These now are on loan to ANA for use in other states. Miss Kermon gave the command performance at NCSNA convention in spite of a recent hip fracture.

Public Health

Physiologic and pathologic changes accompanying aging and effecting the functioning capacity of the mind and body were discussed by Dr. Ewald W. Busse, chairman of the Department of Psychiatry at Duke University Medical Center, at the Public Health Nurses Section program meeting.

Dr. Busse stated that significant decline in hearing, vision, psychomotor response time and alterations in motivation, learning, and memory should be given proper attention in developing a therapeutic regime.

He cautioned public health nurses that there are health problems to be met other than those of aging population. He said: "It is frightening to realize that once in a while we may be 'robbing Peter to pay Paul'. How much effort can we put in one area without sacrificing something in another? We must be very much aware of the shortage of trained people to give service and do the research, and we must find other people who can help us."

Dr. Busse said that aging is not all negative and discussed primary and secondary aspects of aging. He defined primary aging as the things that happen to an organism because of the mere passage of time, regardless of environment. Secondary aging, he said, means that the organism ages faster because of the stress it is exposed to.

"A good part of the problems of the aged people today are really secondary aging," he said. "If we could get rid of many of their illnesses and chronic diseases, then we would do much to restore them to a higher level of function."

He pointed out that while people age at varying rates, there are some changes which transpire in all people as they grow older, such as lessening of elasticity in skin fibers, changes in vision and lowering of "dark adaptation", loss of hearing sensitivity, longer psychomotor response time. These changes play a significant part in the adjustment of older people, Dr. Busse explained. Older people need a small night light in their rooms, and they sometimes can hear above background noises better than younger people but then cannot hear a single voice in a quiet room. These things younger people often do not understand and attribute to "crankiness" or mental problems. These facts also have implications in the planning of housing facilities for older people, Dr. Busse said, and perhaps we should provide night lights and background noises in homes for the aged and recruit older staff personnel who would be tolerant of these things.

Response Slows

The speaker said: "Although an older person can perceive something just as rapidly as a younger person, he does not respond as quickly to it. There are some jobs you cannot expect people to be able to do their entire life span, purely on a physical basis. In our studies at Duke we have found that people with above-average intelligence do not lose their intelligence as they grow older, but those with below average intelligence decline quite rapidly.

"I personally think our work clearly demonstrates that older people become in many ways more flexible, more tolerant, they are more willing to accept faults or shortcomings in other people. Because they have accumulated so much experience, they are more willing to see that we had better not condemn too quickly—we had better understand. I suspect this is what has gone unrecognized in many societies.

"Our society has a rough problem with older people because so many things change, the most striking change being in the social role that transpires in older people. Frequently it leads to enormous conflicts between children and their older parents because their roles have shifted. We must try to build in some way the independence and self-esteem of older people so that they do not have to go through the tragic experience of shifting from one who has been the authority to one who is now dependent upon those he used to boss around."

Panel

A panel discussion followed Dr. Busse's talk. Moderator was Janet Campbell of Raleigh, and panelists were: Mrs. Margaret Dolan of Chapel Hill, Shirley E. Callahan of Chapel Hill, Mrs. Nan Cummings of Ashe-

boro, and Mrs. Betty C. Eller of Greensboro. These points were brought out in discussion:

Many of the housing facilities being built for older people are poorly planned, having unsafe steps, cabinets too high for older people to reach, and frequently no medical facilities within reasonable proximity. Planning such facilities, according to the needs of the occupants, is really a community undertaking.

Older people will find a more suitable place in society because they are needed, but this requires more education of society. We must build into our adult education system preparation for handling ourselves in our older years. The older person who has shifted jobs frequently does better in his old years than one who has stayed on a job. We should try to build into our society the opportunity for people to shift jobs in order to maintain their flexibility potential. It is a personal responsibility to plan well for older years, especially for those who have a limited life span in their particular jobs.

Nurses can furnish leadership in helping communities to reorient attitudes toward older people, to accept some of the changes, and to develop some adult education activities to prepare the individual and his family for the older years. Public health nurses can incorporate understanding of the changes of aging into their work with families and the community.

Operating Room Conference Group

"Though developing rapidly, anesthesiology is still very much in the horse-and-buggy stage — we are, I believe, just on the threshold of considerable advancements in this field," said Dr. Ronald Stephen, professor of anesthesia at the Duke University Medical Center, in a luncheon talk to the Operating Room Nurses Conference Group.

It's All Legal!

The House of Delegates at the 1960 convention approved amendment to the Association's certificate of incorporation changing the name of the Association from North Carolina State Nurses' Association Company to North Carolina State Nurses' Association — the name we've been using all the time.

More important, however, was a second amendment extending the life of the Association to "perpetuity". The original certificate, filed in 1902, was good for 60 years and would have expired in 1962. We can now go on forever!

"Through the drugs administered to a patient, we are trying to accomplish three stages," he said. "The first stage we produce when the general anesthetic is administered is a state of hypnosis in the patient. The scientific term of hypnosis means an absolution of consciousness. The second stage is relief of pain. The third stage in certain cases is a greater or lesser degree of muscular relaxation. If the patient is not well relaxed, a greater degree of stress and strain has to be put upon the unrelaxed muscles of the patient before the operation can be performed properly.

"Another thing we attempt is to reduce any reflex activity the patient may have. This sometimes is difficult, but the administration of anesthetic drugs will succeed in the abolition of reflexes so the patient will not go into acute laryngospasm during the course of anesthesia and there will be no sudden fall in blood pressure which requires rather immediate care.

"We know that all anethesia are toxic, producing irreversible changes in the cells of the body. If a sufficient amount of any one anesthetic drug is

given, it can result in the death of the patient. If we give anesthetic drugs in too great a concentration or without a sufficient amount of oxygen or without properly eliminating the carbon dioxide from the body, this can result in the irreversible phase we call death."

Dr. Stephen discussed various types of anesthetic drugs and their effects and uses. He then stated: "There has been a change in attitude in the general development of the way in which the person who studies and does anesthesia today approaches his patients. We have altered the idea of a technical attitude to that in which we primarily regard the patient as an individual who is an integrated whole, who has functions which it is extremely important to try to maintain artificially if he is to maintain them spontaneously during the course of the operation. But the most important thing with our patients who are subjected to anesthesia is an attempt to maintain them in as close a physiological, normal state as possible during the course of the operation.

Respiration

"We have to wait to begin anesthesia until we know there is a place where we can feel the pulse rate of the patient and adequately see and note the respiratory changes. The most important thing which we have to do during the course of the operative procedure is make sure that this patient has adequate respiratory exchange. The commonest cause of death in the operating room today is lack of oxygen to the patient's brain and his heart. It can come through inadequate supply of oxygen to the body, and it can come from inadequate circulation of oxygen through the body.

"Improper ventilation builds up carbon dioxide. If the carbon dioxide becomes high enough, we will get a sudden cardiac arrest. The other thing that happens when we don't get enough oxygen across the membrane into the blood stream is that the patient becomes considerably hypoxic. How can we circumvent this business of depressed respiration due to anesthetic and relaxant drugs? One very simple way is for the anesthetist to have his hand on the bag of the gas machine and to squeeze that bag to help the patient breathe. Then the patient is getting enough respiratory exchange, getting enough oxygen into his blood stream. He's being kept at a physiological normal during the course of this anesthetic.

"What about circulation? We know the amount of pressure required to put the blood around the body to provide oxygen to the organs. Many of the drugs we use are capable of producing hypotension. Blood loss can cause this. The important thing for us is to be able to note that hypotension is present and then try to do something about it after we make the diagnosis of why this hypotension is present. This is

Fellowship Deadline

February 1, 1961, is the deadline for manuscripts entered in competition for the Mary M. Roberts Fellowship, sponsored by the American Journal of Nursing Company. This is a national competition among registered, professional nurses, and its purpose is to afford specialized training in writing and other journalistic skills to a nurse who has demonstrated talent for writing about subjects significant to nurses.

The recipient receives $3,000 for living and personal expenses, in addition to all tuition fees, for a year's study in journalism at a college or university.

Mrs. Cherry Parker of Chapel Hill won the Fellowship in 1959.

why the anesthetist checks the blood pressure at frequent intervals, why he watches to see how well the patient may be bleeding from cut surfaces, why, in major cases particularly, he is hooking up an electrocardiogram. This mechanism can give a lot of information about the rhythmicity of the heart.

"When there are sharp falls in blood pressure, this means that the oxygen in the blood is not being circulated in an adequate fashion to the brain, and particularly to the heart, and this can cause hypoxemia. This can cause cardiac arrest also. There are two things mandatory in the anesthetized patient —an open airway and an open vein.

"The prerequisite of good anesthesia, no matter what type of operation is being done, is normal fluid balance. Metabolism is of particular interest, because we are getting more and more oriented to the possibilities of what can happen when temperatures of the patients are changed to some degree. We first became cognizant of this several years ago because we noticed that many of our small infants would come through an operation all right but would develop sclerema in the first 24 hours. This is hardening of the skin, and it is very difficult for these children to recover once they develop this particular condition.

"The anesthetist is extending his responsibility to a certain extent into the recovery room area. Recovery rooms are becoming more and more important because of the shortage of well-trained, properly balanced, scientific nursing staff. In the recovery room sick patients should remain for as long as they need to, whether they're there 24, 48, or 72 hours. The recovery room should never be closed under any circumstances. This is where we need expert nursing care. The need for specialization in the recovery room deserves the attention of those in nursing education."

Banquet Speaker Urges Progress With Purpose

"We are losing focus because of little things, and silly baubles make us assume a happiness we have no right to," said Dr. Carlyle Campbell, president of Meredith College, in his address at the NCSNA annual banquet.

Dr. Campbell's topic was "How Are You Getting On?" and he explained how this most frequent of all inquiries, asked casually by all of us, really is a profound question we should ponder seriously. How are we progressing? Plato, Shelley, Milton, and many other great writers and thinkers talked about this, Dr. Campbell said.

"Our false feeling of happiness today makes us lose sight of the feeling of accomplishment and right living," he said. He explained how the concept of a people progressing is almost as modern as the modern world. The idea that there is no future except brightness and joy and the pessimism we now have slumped into are equally unjustifiable, he declared.

He asked, "Where are we going?" and stated that the summary of the past is in the reality of the present and the philosophy of the future. Speed has nothing to do with where we are going if we are headed the wrong way, he said. "Some of us work frantically because we can't bear to have time to think about it. And we have no way to inventory our resources unless we can include all the people of our community in the report. There is no way for parents to answer the question except in terms of our children."

Public Relations Luncheon

Presidents of districts and chairmen of district committees on Promotion of Program, Public Relations, and Membership heard a talk on "Improving District Programs on Public Re-

lations and Membership" by Rita A. Bunin, assistant executive secretary, ANA Public Relations Unit.

Miss Bunin said problems of public relations confronting district nurses' associations are universal and that in the vast field of public relations, membership promotion is one aspect. "Public relations means translating with good taste and good sense the aims of the organization in terms understandable to the public," she said. "Your PR program is only a tool to help achieve specific goals—it cannot exist for itself. First worthwhile goals must be established. Public relations cannot compensate for a poor program.

"You cannot possibly support all activities and programs through your public relations program, so you must analyze your organization and select the targets. Determine the groups you will direct your story to, then put your plan into action."

She outlined suggestions for best use of publicity media, for membership promotion, and for new publicity possibilities.

National Foundation Offers Scholarships In Health Professions

Deadline for filing applications for 1961 health scholarships sponsored by The National Foundation and supported by the March of Dimes is April 1, 1961.

Fourteen such scholarships were awarded to North Carolina students for 1960, two of these in nursing. Scholarships are awarded to deserving students interested in careers in the health professions of nursing, occupational therapy, physical therapy, medical social work, and medicine. They pay $500 a year, and approximately 500 are offered each year.

Information is available from high school principals or guidance officers, deans or scholarship officers of colleges, The National Foundation chapter in your county, or from The National Foundation Health Scholarships, 800 Second Avenue, New York 17, N. Y.

DR. BERNICE E. ANDERSON, second from left, professor of nursing at Columbia University and author of numerous articles and publications on the legal aspects of nursing, was guest speaker at a recent joint meeting of military nurses of Womack Army Hospital, Ft. Bragg, and District Fourteen Nurses' Association. Others shown above, left to right, are: Lt. Col. Alice Weinstein, chief nurse, Third Army Headquarters; Lt. Col. Rubye W. Archer, chief nurse of Womack Hospital; and Mrs. Eva K. McGougan, president of District Fourteen.

Job Descriptions Are Important!

The broad field of personnel relations is recognized as a distinct and increasingly important area of management. Frequently nurses are called upon to assist directly or indirectly in job classification plans and studies or surveys of compensation schedules. This assistance may be by answering questionnaires or by describing functions and responsibilities of nursing positions either in written or oral interviews.

The importance of complete and well-prepared job descriptions cannot be over emphasized. The way in which the position and its responsibilities are described has a very important bearing upon its relative function and recognition within the organization and upon salary that will be established for it. If the position is underrated, the recognition and compensation will be commensurately reduced. If the full magnitude and importance of the position are emphasized, the recognition and compensation will more nearly be appropriate to the position.

Describing a job one has been doing or observing for several years would seem to be a simple task, but it is not. It is difficult to take an objective, bird's eye view of a job with which one is closely associated. In describing one's own position natural modesty and humility unfortunately play an important part and may prevent one from writing a description that does justice to the importance of the position and the full extent of its responsibilities.

The most helpful source material for nurses who have the responsibility of writing job descriptions is the ANA Manual, *Statements of Function, Standards, and Qualifications for Practice.* The statements present a composite and realistic blend of what nurses throughout the country have stated they are doing and what they believe they should be doing. Therefore, they are valid guidelines to the best nursing practice in all situations. They emphasize the need for exercising specialized judgmental ability and are not confined to a listing of physical acts.

Nurses and their employers may ask "What is a job description?" or "How is it defined?" A *Job Description* may be defined as a written statement of the functions or duties, responsibilities, and requirements of a particular position, job, or classification. A job description must not be confused with *job analysis, job classification,* or *job evaluation.* These may be defined as follows:

> *Job analysis*—The study of a job to discover its duties and responsibilities, its mental and physical requirements, and its relation to other jobs.
>
> *Job classification*—The grouping of jobs in terms of skill, experience, training, and relation to other jobs.

Job Evaluation—A means of measuring a job according to its requirements and relation with other jobs to establish a salary schedule and to present a clear and concise picture of the job.

A second question that may be asked is "What is included in a job description?" In answer to this and other questions relating to the mechanics of preparing a job description, you may obtain from PC&PS, NCSNA headquarters, a Suggested Guide for Preparing Job Descriptions.

Jobs

Night Supervisor—125-bed general hospital in Piedmont North Carolina. **Duties:** Supervision of nurses caring for patients on 11-7 shift. **Qualifications:** Two years experience in supervision. **Salary:** $300 monthly.

Director of Nurses—124-bed general hospital in Eastern North Carolina with practical nurse school. **Duties:** Responsible for nursing service; full authority for employing nursing personnel; cooperate with coordinator of practical nurse school. **Qualifications:** Knowledge of nursing service administration; degree desirable; three years experience in nursing, including some experience as head nurse and supervisor. **Salary:** $6,000 annually.

Instructor in Practical Nurse School—Public school practical nurse program in Eastern North Carolina. **Qualifications:** B.S. degree and two years experience. **Salary:** determined by experience and qualifications.

Institute Planned On CV Accidents

The University of North Carolina School of Nursing will conduct a one-day institute on "Planning Patient Care in Cerebral Vascular Accidents" on Tuesday, January 31, in Chapel Hill.

Speakers will be Dr. Eugene Loeser, Jr., assistant professor of neurological medicine, UNC School of Medicine, and Dr. A. P. Huesner, professor of anatomy at UNC. Registration begins at 8 a.m. Prior to the 9:30 opening session, three films on strokes and nursing care of stroke victims will be shown.

The afternoon session will feature a panel discussion on "Planning Rehabilitative Care of a Patient with Cerebal Vascular Disease." Participants will be Dr. Donald Weir, assistant professor of medicine and preventive medicine, and members of a rehabilitation team of North Carolina Memorial Hospital.

The institute is planned to be of specific interest to public health personnel. Emphasis is on rehabilitation, which involves all nurses. Registration fee is $3, and persons planning to attend may pre-register by mail to: Extension, School of Nursing, University of North Carolina, Chapel Hill.

PC & PS Workshop

NCSNA will conduct a one-day workshop on Professional Counseling and Placement Service on May 19, 1961, at the Sir Walter Hotel in Raleigh.

Mrs. Evelyn Ferguson, associate executive secretary of the American Nurses' Association, in charge of the Professional Counseling and Placement Service, will be the speaker and will serve as consultant during discussions.

The purpose of the workshop is to activate and strengthen district PC&PS committees and to help committee members to understand their functions in assisting PC&PS to serve NCSNA members better. The workshop is planned for the chairman of each district PC&PS committee and one additional representative from each district. There will be no registration fee.

District One Refresher Course —

Response from Nurses was Refreshing!

By Mrs. Esther L. Creasman, R.N.

Professional response to a five-week refresher course for nurses completed last month at the Buncombe County Medical Library at Memorial Mission Hospital in Asheville proved as refreshing for the sponsors as the course itself was to the enthusiastic class.

More than 100 registered nurses enrolled for the twice-a-week series of classes at the first presentation, and not a single class was conducted without at least one new enrollee.

Total attendance was 690 with an average of 69 present at each session. Thirty-two nurses achieved perfect attendance records by attending all 10 of the two-hour sessions. The course, sponsored by District One of the North Carolina State Nurses' Association, was open to all graduate nurses in the area.

A need for such a course was determined when the idea was discussed last March by members of the district's Educational Administrators, Consultants, and Teachers (EACT) and the Nursing Service Administrators (NSA) Sections. But the section members felt that such an undertaking could not be promoted without the help of the entire district.

Therefore the proposal was presented to the district association, which voted favorably upon it. A committee was appointed and the first step in a long, slow process was taken. The three-member committee consisted of Mrs. Esther Creasman of Memorial Mission Hospital, chairman, and Sister Patricia Doyle of St. Joseph's and Polly Powell of Asheville Orthopedic Hospital.

Aims Listed

Primary aims of the course at its inception were (1) to instruct nurses in newer methods of treatment and bring them up to date on some of the newer medications; and (2) to bring about a better understanding and working relationship with the active staff nurses of the area and nurses who have been inactive and have not dealt with the new aspects of daily nursing.

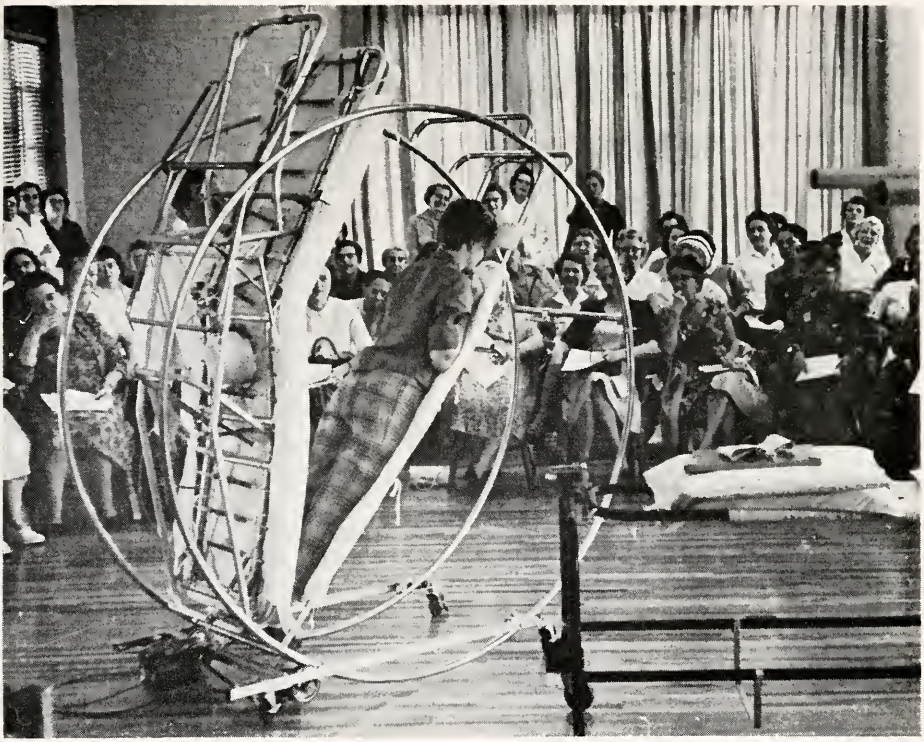
The Refresher Course Committee met for the second time a month later in April. Also present were the chairman of the EACT Section, the district treasurer, and other members of EACT Section.

Costs of the proposed project were estimated at the April meeting. The ground work laid, a tentative outline of the classes was prepared and presented at the third meeting, which was held in June.

In August, plans were presented and a date was set for the course. Three objectives were set forth: (1) To better understand the newer equipment now in use in the hospitals; (2) To provide better nursing care through the understanding of the equipment; (3) To stimulate deeper interest in learning more about the complications of nursing procedures and nursing care as it exists today.

Booklet

The subject matter outline, in its final form, was incorporated into an attractive booklet that listed the date of each class, the topic, a brief outline of the subject and the name of the instructor in each instance. Symbolic drawings, representative of various aspects of the subject matter of the course, formed the cover page of the booklet. It was distributed to enrollees.



CIRCOELECTRIC BED is demonstrated by Fern Davis, student nurse at Memorial Mission Hospital, and Robert Pate, orthopedic technician at the hospital.

One of my strongest convictions at the outset of the planning stage of the program was that unaided lectures would not be nearly as effective as a course that offered visual aids—demonstrations of the various types of new equipment, administration of new drugs, etc.

Now, at the completion of the experiment, my convictions are even stronger. The first class, which did not show its strength until minutes before the 3:30 p.m. starting time, did not break up until some 30 minutes after the 5:30 p.m. closing time.

"Live" demonstrations of the Stryker Frame and Circoelectric Bed and a similarly illustrated discussion on the us of traction was the topic of that first class. The physician conducting the class, Dr. Stanley S. Atkins, had to be asked to draw the discussions to a close at 5:45 p.m. His inquisitive group finally allowed him to stop talking just a few minutes before 6 p.m.

There simply were not enough "front seats" at the majority of the sessions. And the second session, also planned to generate interest in the course by the use of fascinating equipment, ran overtime too. The iron lung, the Bennett Respirator, and techniques used in the tracheotomy were discussed at that time.

Registration

A registration fee of either $5 for the entire course or $1 per class was col-

lected from each enrollee. A refreshment break, designed to alleviate fatigue during the two-hour class and prevent a possible lag in interest, divided each session.

There were at least two speakers on each subject for most of the classes, and each class was planned to keep the presiding physician only as long as was absolutely necessary. Only one speaker on the program failed to keep his commitment and a substitute was readily available to replace him.

Needless to say, planning the course and securing the necessary equipment was not all as effortless as the final product probably suggests to the uninformed onlooker. Thousands of man hours and numerous trips down dead-end trails were involved in the project.

The committee felt that a coordinator was needed to make the course a success, and an attempt to secure the services of such a person through the North Carolina Department of Vocational Education was made. The attempt was fruitless, and the cost of $100 for the coordinator was underwritten by the district association.

When the program was first organized, the total number of enrollees was set at 75 because seating facilities in the Library Building would accommodate only 100 comfortably, and space would be needed for equipment demonstrations.

Uneasy Moments

At that first session on Oct. 10 the sum total of attendance at 3 p.m.—only 30 minutes before the scheduled starting time—was one enrollee. The sponsors were quite uneasy by that time and were already thinking seriously of bringing in employees from nearby Memorial Mission Hospital to bolster the spirts of the instructors. The tide turned drastically by 3:30 p.m., however, and the class was 15 minutes late getting started due to the heavy registration.

Heavy correspondence was carried on during the month preceding the opening of the course with letters going out to numerous manufacturers and distributors for literature on their equipment.

OXYGEN EQUIPMENT is demonstrated at one of the 10 sessions held during the five-week Refresher Course sponsored by District One Nurses' Association.

Bennett Respiration Products, Inc. in Los Angeles, Calif., provided booklets of instructions on the operation of the Bennett Respirator, which was demonstrated. For comparison, booklets were also obtained from Emerson Respirator Company, Cambridge, Mass.

Linde Oxygen Company in Atlanta, Ga., supplied hand books on oxygen therapy, Abbott and Company, Chicago, Ill. sent booklets on parenteral administration, Eli Lilly contributed pocket reference material on diabetes, and Lakeside Laboratories, Milwaukee, Wis., conversion charts and clinical norms, which were also distributed to the students.

The first session of the second week in the course was taken up by demonstrations and discussions of the oxygen tent, nasal oxygen, the oxygen mask, the croupette, use of the Alevair and the Hydrojett.

Radium and isotopes were discussed and slides were shown pertaining to the subject at the fourth meeting. A fifth session on drugs was presented by hospital druggists and two drug company representatives. Tranquilizers, spansales, stimulants, narcotics, diuretics, Cortosone-Allied preparations and anti-coagulants were considered.

Other sessions included discussions led by experts on laboratory tests, intravenous therapy and blood transfusions, disaster procedures, and water seal drainage.

The last session on ethics consisted of a panel discussion on the code for professional nurses. Responsibility of the nurse and the nurse as a citizen were taken into consideration. Professional organizations and unethical procedures were also subjects on the program.

District One Honors Retired Nurse

Miss Minnie Sue Hollingsworth, R.N., above, on her 88th birthday was honored by District One at a meeting held in Hendersonville. She is shown with Mary E. Copeland, left, district president, and Myrtle Barnette, superintendent of nurses at Margaret R. Pardee Hospital in Hendersonville, where Miss Hollingsworth resides. She was born at Flat Rock, N. C., and has spent most of her life in nursing positions in New York and New England. She formerly was active in Massachusetts General Alumnae Association, district nurses' associations, and in Nurses' Associated Alumnae, forerunner of the American Nurses' Association, in which she served as secretary. She was closely associated with Miss M. E. P. Davis and her contemporaries who were the driving force in the establishment of the American Journal of Nursing.

Mark Your Calendar

DATE	MEETING	PLACE
January 31, 1961	Institute on "Planning Patient Care in Cerebral Vascular Accidents," conducted by UNC School of Nursing	UNC Chapel Hill
February 14-17, 1961	ANA Regional Conference on Improvement of Nursing Practice	Hotel New Yorker New York
February 14, 1961	Annual Workshop on Teaching Social and Health Aspects in Nursing: "What Is My Patient Like?"	Rex Hospital Raleigh
March 2, 1961	"Convulsive Seizures", 7th Conference on Handicapped Children, sponsored by N. C. Health Council, Nemours Foundation	Chapel Hill
March 6-9, 1961	American College of Surgeons (nurses invited)	Philadelphia, Pa.
March 15, 1961	Coordinating Council of NCSNA and NCLN, 10 a.m.	Jack Tar Hotel Durham
March 15, 1961	Midyear meeting of NCSNA Board of Directors, 2 p.m.	Jack Tar Hotel Durham
March 15, 1961	Meeting of NCLN Board of Directors, 2 p.m.	Jack Tar Hotel Durham
March 15, 1961	Meeting of Student Nurses Association of North Carolina Executive Board, 7:30 p.m.	Jack Tar Hotel Durham
March 16-17, 1961	Annual meeting, North Carolina League for Nursing	Jack Tar Hotel Durham
April 10-14, 1961	National League for Nursing Biennial Convention	Cleveland, Ohio
April 17, 1961	Institute, "Better Utilization of Available Nursing Service Personnel", sponsored by NSA Section, NCSNA	Sir Walter Hotel Raleigh
April 17-22, 1961	Twelfth Quadrennial Congress, International Council of Nurses	Melbourne, Australia
April 25, 1961	Workshop, "Improvement of Nursing Practice", sponsored by General Duty and Head Nurse Sections, NCSNA	New Ricks Hotel Rocky Mount
April 27, 1961	Duplicate Institute	VA Hospital Salisbury
May 8-10, 1961	Annual meeting, Medical Society of North Carolina. (NCSNA members are invited to scientific sessions and exhibits)	Asheville
May 10-12, 1961	Annual Safety Conference, sponsored by N. C. Industrial Commission	Jack Tar Hotel Durham
May 19, 1961	PC&PS Institute for chairmen of District Committees	Raleigh
June 29, 1961	Annual Meeting, N. C. Public Health Association, celebrating 50th Anniversary, N. C. PHA and Health Department of Guilford County	O'Henry Hotel Greensboro
Oct. 24-27, 1961	59th Annual Meeting of NCSNA	Asheville

NCSNA Members Chosen To Attend ANA Conference On Nursing Practice

NCSNA will be well represented at the American Nurses' Association Regional Conference on "Improvement of Nursing Practice" on February 14-17 in New York City.

The New York conference is the first of four scheduled in February and March by ANA. NCSNA sections have been allocated $100 each toward expenses of one or more representatives, who were chosen at the recent annual business meetings of the sections.

Following are North Carolina State Nurses' Association representatives, and their alternates, according to sections:

EACT — Mrs. Pauline McCaskill, University of North Carolina School of Nursing, Chapel Hill; alternate, Patsy A. Carroll, City Memorial School of Nursing, Winston-Salem;

General Duty — Mrs. Ruth Peters, VA Hospital, Fayetteville; alternate, Mrs. Minnie S. Howie, Highsmith Hospital, Fayetteville;

Head Nurses — Mrs. Katie McAlister, Presbyterian Hospital, Charlotte, and Mrs. Lucille Funderburk, Charlotte Memorial Hospital; alternates, Mildred Freeman, Presbyterian Hospital, Charlotte, and Gloria Stevens, Duke Hospital, Durham. Jerry Moore, North Carolina Baptist Hospital, Winston-Salem, also will attend.

NSA — Myrtle Barnette, Margaret R. Pardee Hospital, Hendersonville; alternates, Audrey Booth, N. C. Memorial Hospital, Chapel Hill, and Mrs. Mildred Furmage, North Carolina Sanatorium, McCain;

Office—Mrs. Ada C. Poole, Roseboro; alternate, Ruby Dameron, Charlotte;

Occupational Health — Mrs. Evelyn Talley, SoCo-Lowell Company, Sanford; alternate, Mrs. Bessie M. Snoddy, Belk's, Charlotte;

Private Duty — Mrs. Myrtle McKeithan, Wilmington; alternate, Caroline Singletary, Winston-Salem;

Public Health — Clara Henderson, Health Department, Charlotte; no alternate named.

The conference is designed to assist nurses in improving their practice, to illustrate the profession's responsibility for quality care, and to share ideas for use in local conferences and institutes. Several NCSNA sections already have made plans for state-wide conferences on "Improvement of Nursing Practice" where knowledge gained at the ANA conference will be disseminated to North Carolina nurses.

Frances Reiter, dean of the new Graduate School of Nursing, New York Medical College and Flower and Fifth Avenue Hospital, New York City, will be the keynoter of all four ANA regional conferences. Also speaker for all conferences will be Mrs. Elizabeth K. Porter, former dean of the Frances Payne Bolton School of Nursing, Western Reserve University, Cleveland.

Other speakers at the New York conference will be Katherine R. Nelson, instructor in nursing education at Teachers College, Columbia University; Mary S. Tschudin, dean of the University of Washington School of Nursing; Eleanor C. Lambertsen, nursing consultant for the American Hospital Association; and Sister Charles Marie, dean of the Catholic University School of Nursing.

NCSNA Seeks Scholarships

This is a reminder that NCSNA has an important proposal to be placed before the 1961 General Assembly which convenes in Raleigh in a few weeks.

This proposal is for $61,600 in state funds for scholarships for teachers in diploma schools of nursing. It is hoped that the State Advisory Budget Commission, which is now considering the 1961-63 budget, will include this amount in its recommended appropriations. The Commission's recommendations will be released shortly after the General Assembly convenes.

Meanwhile, district Committees on Legislation — and individual nurses — are urged to discuss this need with their representatives in the General Assembly. If you have not already done so, be sure to contact your lawmakers before they leave for Raleigh. Support of individual nurses is essential if we are to receive favorable action on this very important effort to provide much-needed assistance for diploma school faculties.

Ruth Hay Receives W. S. Rankin Award

Ruth Hay, professor of public health nursing at the University of North Carolina School of Public Health, received the 1960 W. S. Rankin Award of the North Carolina Public Health Association.

The Rankin Award is made annually to give honor and recognition for outstanding service in the field of public health.

Miss Hay organized the Department of Public Health Nursing at UNC in 1941 and served as its head until last year. She previously had taught public health nursing at University of California, Western Reserve University, and Vanderbilt University. Throughout her teaching career in North Carolina she has been an active members of NCSNA, having served terms as chairman of the NCSNA Public Health Section and as chairman of various committees.

Army Announces Changes In Student Nurse Program

The Army Student Nurse program has been revised to provide tuition, fees, higher rank and salary to students in four-year schools of nursing. Qualified female student nurses who have completed the first two years of a program leading to a bachelor's degree in nursing may participate in the program.

The new policy will apply to those currently in the Army Student Nurse Program and to all new participants. Junior year participants who are enrolled in four-year nursing schools will receive more than $200 a month, if room and board are not furnished by the school, and will hold the rank of E-1. After four months they will be promoted to E-2. At the beginning of the senior year, these students will hold the rank of E-3 and will receive $338 a month. Six months before

graduation they will receive a second lieutenant's commission in the Army Nurse Corps.

Those who have participated in the program for two years will serve in the Army Nurse Corps for three years. The new changes do not apply to Army Student Nurses in three-year nursing school programs.

Convention Speakers Announced by NLN

Dr. Samuel I. Hayakawa, professor of language arts at San Francisco State College, will be one of the principal speakers at the National League for Nursing 1961 convention, to be held April 10-14 in Cleveland, Ohio. He will speak at the NLN banquet on the importance of communications in the world today and in furthering the effectiveness of nursing services.

Theme for the convention is "Interaction—Key to Nursing Progress."

At a Community Participation luncheon, Mrs. Victor Shaw, president of the National Conference on Social Welfare and member of the board of directors of the National Social Welfare Assembly, will speak on the League's responsibility to the community and its gains from the community.

Speakers have been announced for departmental meetings. They are: Faye G. Abdellah, assistant chief, research grants and fellowship branch, Division of Nursing, U. S. Public Health Service; Ruth B. Freeman, associate professor of public health administration, Johns Hopkins University; Mrs. Alice K. Leopold, assistant to the Secretary of Labor, U. S. Department of Labor; William J. McGlothlin, vice-president, University of Louisville; Dorothy E. Johnson, associate professor of nursing, University of California; and Dr. James P. Dixon, president of Antioch College.

At the convention's closing general program meeting, the topic will be "Research to Identify Scientific Creative Talent." Speakers will be Dr. Ernestine Thurman, executive secretary, tropical disease study section, National Institutes of Health, and Dr. Calvin W. Taylor, professor of psychology at the University of Utah.

A Christmas Prayer

So often we're sure that you, God, would have us give some comfort,
That now and then we almost say a word or two to some unknown we see,
Groping bewildered on the crowded way.

We cannot always sense what people need —
Who are the brave and who the hurt, afraid;
And so we pass and never know, dear God, who were the ones who hungered for our aid.

We're sure that Mary longed for warm, sweet words that lonely night she came to Bethlehem.
And there are those around us now who seek the inn.
Oh, help us comfort them!

—Helen Louise Welshimer

People and Events - - -

Mrs. Mary Lee Steele, NCSNA assistant executive secretary working with sections and the Economic Security Program, attended an American Nurses' Association workshop early this month on the Economic Security Program. The workshop was held at Cornell University, Ithaca, N. Y.

Mrs. Catherine P. Layton, Greensboro, has been appointed to the ANA Public Health Nurses Section Committee on Functions, Standards, and Qualifications for Practice.

A new Division of Nursing has been established within the Bureau of State Services of the U. S. Public Health Service. The new Division brings together two nursing units—the Division of Public Health Nursing from the Bureau of State Services, and the Division of Nursing Resources from the Bureau of Nursing Resources. *Margaret G. Arnstein,* formerly chief of the Division of Public Health Nursing, has been appointed to head the new Division of Nursing. *Lois E. Gardner* has been appointed chief of the Research and Resources Branch.

Rena E. Boyle has been appointed director of the National League for Nursing's Department of Baccalaureate and Higher Degree Programs. She formerly was nurse consultant for the USPHS Division of Nursing.

Mrs. Rubye Bowles Bryson of Waynesville has added another civic honor to her record. She recently was named "Woman of the Year" by the Waynesville Business and Professional Women's Club. Mrs. Bryson has served 20 years as a public health nurse with the Haywood County Health Department.

Public Health Service, Department of Health, Education, and Welfare, has awarded grants for six new research projects of importance to nursing and 16 new predoctoral fellowships for training in nursing research since July 1, 1960.

The Eugenics Board of North Carolina announces a leaflets giving an explanation of the sterilization program. This publication states the purpose of the program, its legal provisions, where an individual can go for help in planning for the operation, how the rights of the individual, the petitioner, physician, and hospital are protected. A brief statement is made relating to the effects of sterilization. Copies have been sent to local public health and welfare personnel and other agencies and individuals. Anyone interested in obtaining a copy may write to the Eugenics Board of North Carolina, P. O. Box 2599, Raleigh.

Responsibility for planning and operating the nation's emergency medical stockpile program has been transferred from the Office of Civil Defense Mobilization to the Public Health Service.

NCLN Convention

The North Carolina League for Nursing will have as the theme for 1961 convention, "Synthesizing Patient Care". The convention will be held March 16-17 at the Jack Tar Hotel in Durham.

Program sessions for the two-day convention have been planned around the theme to stimulate ideas about ways to bring the various parts of patient care together to make a whole.

Two new staff members has been announced by ANA. Miriam L. Cole, formerly assistant supervisor, Dade County Department of Public Health, Miami, Fla.; has been appointed assistant executive secretary in charge of the ANA International Interests Program. Mary Soterakos, formerly supervisor-instructor at Memorial Hospital, New York City, is assistant executive secretary in the Economic Security Unit.

A new change in the Social Security Act makes it no longer necessary to have a two-thirds vote of employees if an employer voluntarily wants to come under the act.

Ask Yourself —

A new membership year is beginning, and it's time to ask yourself —

Is your nurse co-worker a member of NCSNA? Have you invited her to join? Have you told her about the advantages of NCSNA membership? Have you talked to her about her professional responsibility to participate?

Parker Scholarship Deadline March 10

Applications for the 1961 Lee Parker Scholarship must be submitted by March 10, 1961, to the North Carolina State Nurses' Association, P. O. Box 10554, Raleigh.

The Lee Parker Scholarship of $150 is awarded annually to a student accepted for admission or enrolled in a basic program in a school of nursing in North Carolina or to a graduate nurse accepted for admission or enrolled for advanced study in a college or university in this state.

The selection is made by the NCSNA Board of Directors at its midyear meeting in March. Application forms are available from directors of schools of nursing, presidents of district nurses' associations, and from NCSNA headquarters.

The scholarship is provided by Lee Parker of Raleigh, administrator of the NCSNA group income-protection insurance plan.

A Christmas Prayer

May your heart be light and gay, and your Christmas very merry.
But should underneath your smile and gaiety
You bravely hide a heavy, anxious and broken heart,
May the Good God be extra tender to you —
I pray your anxiety vanish into the blue,
And that He mend your broken heart
'Til it is better than when new.

Sincerely,

Lee Parker, Administrator
Income Protection Group Insurance
for NCSNA members
933 Insurance Building, Raleigh

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